

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP -9 PM 2:44

DOCUMENT # P30527

(6)

1. Corporation Name

THEATER ACQUISITION COMPANY

Principal Place of Business

2121 PONCE DE LEON BLVD
SUITE 920
CORAL GABLES FL 33134

Mailing Address

2121 PONCE DE LEON BLVD
SUITE 920
CORAL GABLES FL 33134

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified
08/14/1990

3a. Date of Last Report
05/01/1995

4. FEI Number
74-2576911

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer, director, or registered agent, or both, as required by Section 607.0505, Florida Statutes.

Signature of Registered Agent, as required by Section 607.0505, Florida Statutes.

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	MORENO, FRANK	2121 PONCE DE LEON BLVD	MIAMI FL	☐
V	WRAY, JON	2121 PONCE DE LEON BLVD	MIAMI FL	☐
SVS	DREW, CARL	2121 PONCE DE LEON BLVD	MIAMI FL	☐
D	CORMAN, ROGER	11000 SAN VINCENTE BLVD	LOS ANGELES FL	☐
C	MACMILLEN, WILLIAM C JR.	254 VICTORIA PLACE	LAWRENCE NY	☐
D	CHURCHILL, WINSTON	300 CHESTER FIELD PKWY	MALVERN PA	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	☐	☐

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****375.00 ****375.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/96

Wm. C. Macmillen Jr.

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CR2E034 (3/96)