

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 FEB 26 AM 9:29

DOCUMENT # P30527 (6)

1. Corporation Name

THEATER ACQUISITION COMPANY

Principal Place of Business

Mailing Address

745 BLUE ROAD

CORAL GABLES, FLORIDA 33146

3. Date Incorporated or Qualified

8/14/90

3a. Date of Last Report

5/1/96

2. Principal Place of Business

2a. Mailing Address

21 FLORIDA

26 254 VICTORIA PLACE

4. FEI Number

74-2563314

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s 199.032,

Florida Statutes

X

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

FRANK MORENO

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

745 BLUE ROAD

83

500002445495--6

84 City

CORAL GABLES

83/83/98

81947-827

88/26/98

88/26/98

***\$300.00

***\$300.00

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/6/98

12. OFFICERS AND DIRECTORS

TITLE NAME MORENO, FRANK (PRESIDENT) ☐ DELETE
STREET ADDRESS 2121 PONCE DE LEON BLVD.
CITY-ST-ZIP MIAMI, FL

TITLE NAME WRAY, JON (VICE-PRES.) ☒ DELETE
STREET ADDRESS 2121 PONCE DE LEON BLVD
CITY-ST-ZIP MIAMI, FL

TITLE NAME DREW, CARL (SENIOR VP) ☒ DELETE
STREET ADDRESS 2121 PONCE DE LEON BLVD
CITY-ST-ZIP MIAMI, FL

TITLE NAME CORMAN, ROGER ☒ DELETE
STREET ADDRESS 2121 PONCE DE LEON BLVD
CITY-ST-ZIP MIAMI, FL

TITLE NAME MACMILLEN, WILLIAM (CHRMN) ☐ DELETE
STREET ADDRESS 2121 PONCE DE LEON BLVD
CITY-ST-ZIP MIAMI, FL

TITLE NAME CHURCHILL, WINSTON ☒ DELETE
STREET ADDRESS 2121 PONCE DE LEON BLVD
CITY-ST-ZIP MIAMI, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 745 BLUE ROAD
1.4 CITY-ST-ZIP CORAL GABLES, FL 33146

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 254 VICTORIA PLACE
5.4 CITY-ST-ZIP LAWRENCE, NEW YORK 11559

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM C. MACMILLEN, JR. (CHAIRMAN)

1-28-98

(516) 239-4444

Date

Daytime Phone

CR2E034 (9/96)