

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90209 023 ***150.00

DOCUMENT # P94000008459

1. Entity Name
SHOWTIME THEATRES INC.

Principal Place of Business Mailing Address
1717 N. BAYSHORE DR., STE 102 **1717 N. BAYSHORE DR., STE 102**
MIAMI FL 33132 **MIAMI FL 33132**

730428



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
10691 N. Kendall DR **10691 N Kendall DR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 311 % GELFAND **SUITE 311 % GELFAND**
 City & State City & State
MIAMI FL **MIAMI FL**

4. FEI Number Applied For
65-0464517 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BEDARD, DENNIS R
1717 N. BAYSHORE DR., STE 102
MIAMI FL 33132

7. Name and Address of New Registered Agent
 Name: **NICHOLAS STANHAM**
 Street Address (P.O. Box Number is Not Acceptable):
520 BRICKELL AVE STE 0-305
 City State Zip Code
MIAMI **FL** **33131**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE: *[Signature]* **NICHOLAS STANHAM** DATE: **03-07-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	P UZAN, YVES
STREET ADDRESS	1717 N. BAYSHORE DR., STE 102
CITY-ST-ZIP	MIAMI FL 33132
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UZAN, YVES VICTOR
STREET ADDRESS	520 BRICKELL AVE #305
CITY-ST-ZIP	c/o STANHAM MIAMI FL 33131
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **VICTOR YVES UZAN** Date: Daytime Phone #

CR2E034 (10/00)