

AMENDED  
**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000008459  
 1. Entity Name  
**SHOWTIME THEATRES INC.**

**FILED**  
 01 DEC 21 PM 4:25  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
 10691 N. Kendall Dr.  
 Suite 311 c/o Gelfand  
 Miami, FL 33176

Mailing Address  
 10691 N. Kendall Dr.  
 Suite 311 c/o Gelfand  
 Miami, FL 33176

2. Principal Place of Business  
**201 Alhambra Circle**

3. Mailing Address  
**201 Alhambra Circle**

Suite, Apt. #, etc.  
**601**

City & State  
**Coral Gables, FL**

DO NOT WRITE IN THIS SPACE

City & State  
**Coral Gables, FL**

Zip  
**33134**

Country  
**USA**

4. FEI Number  
**65-0464517**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

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

**Nicholas Stanham**  
**520 Brickell Avenue, Ste. 0-305**  
**Miami, FL 33131**

7. Name and Address of New Registered Agent

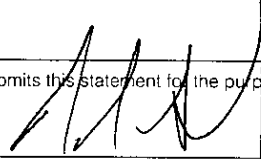
Name  
**David Shear**

Street Address (P.O. Box Number is Not Acceptable)  
**201 Alhambra Circle**

Suite 601

City  
**Coral Gables** **FL** Zip Code  
**33134**

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  DATE **12/14/01**

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.  (See criteria on back)

**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**

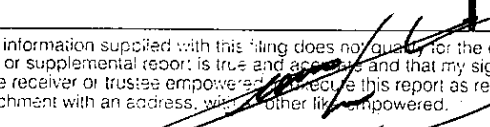
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Uzan, Yves Victor</b> <b>520 Brickell Ave. #305</b> <b>Miami, FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/S/T/D</b> <b>Cohen, Leon</b> <b>201 Alhambra Circle, Suite 601</b> <b>Coral Gables, FL 33134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 other like empowered.

SIGNATURE:  **Leon Cohen, Secretary** DATE **12/14/01**

CR2E034 (11/00)

305  
695 8400