

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071007 (6)

1. Corporation Name

N.C.M. ENTERTAINMENT, INC.

Principal Place of Business

179 MORNINGSIDE DR.
MIAMI SPRINGS FL 33166

Mailing Address

179 MORNINGSIDE DR.
MIAMI SPRINGS FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/23/1994

3a. Date of Last Report

4. FEI Number

65-052-7670

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. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 434 Majorca Ave.

Suite, Apt. #, etc.

22

City & State

23 Coral Gables, FL

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 434 Majorca Ave.

Suite, Apt. #, etc.

27

City & State

28 Coral Gables, FL

Zip

29 33134

Country

30 USA

9. Name and Address of Current Registered Agent

MALLE, NIMAI C
179 MORNINGSIDE DR.
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

81 Name

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

434 Majorca Ave.

83

84 City

Coral Gables

FL

85 Zip Code

33134

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

Nimai C. Malle, Owner,

NOTE: Registered Agent signature required when reappointing

2-6-95

DATE

12. OFFICERS AND DIRECTORS

TITLE OWNER
NAME Nimai C. Malle
STREET ADDRESS 434 Majorca Ave.
CITY-ST-ZIP Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

EXPIRATION DATE