


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # P96000011388 1. Entity Name MUVICO THEATERS, INC.	
--	---

Principal Place of Business 3101 NORTH FEDERAL HIGHWAY, SIXTH FLOOR FORT LAUDERDALE, FL 33306	Mailing Address 3101 NORTH FEDERAL HIGHWAY, SIXTH FLOOR FORT LAUDERDALE, FL 33306
---	---



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0637934	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OLANDER, DONALD E
3101 N. FEDERAL HIGHWAY.
6TH FLOOR
FORT LAUDERDALE, FL 33306**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000784762 01/16/08-80064-025 150.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD WHALEN, MICHAEL F JR 3101 N FEDERAL HWY 6TH FLOOR FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP RAINBEAU, ALAN 3101 N FEDERAL HWY 6TH FLOOR FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE BY: *Michael F. Whalen* 1/4/08 954-564-6550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dursing Phone #
MICHAEL F. WHALEN, JR., as President