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

DOCUMENT # P96000034413 (0)

THEATER FUNDING, INC.

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FILED

Apr 25 1997 8:00am

Secretary of State

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Principal Place of Business Mailing Address									I EERKOON TIL IDIKO EIKK BEKK BEKK BEKK BOIDE TIKK DIDK BIRKI KUUT IKK KUUT							
11780 U.S. HIGHWAY ONE SUITE 300					80 U.S. HIGHWAY ON	E										
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NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 3						33408-30)75								7	
									3. Date Incorporated or Qualified 3a. Date of Last Repo					oort		
2. Principal Place of Business					Mailing Address				4. FEI Number				App	lied For]	
21				26					65-0676544				Not	Applicable	1	
Suite, Apt. #, etc.					Suite, Apt. #, etc.				5. Certificate of Status Desired]	\$8.75 Additional Fee Required				
City & Stato					Crty & State				6. Election Campaign Financing \$5.00 May Be							
23					28				Trust Fund Contribution Added to Fees						1	
Z(r)				Zip Country			untry	,	8. This corporation has liability for intangible tax under s. 199.032,						Į	
24	25			29 30					Florida Statutes	Yes No						
		and Address		egist	ered Agent		1		10. Name and Address of New	Registe	ered A	gent			4	
		ATE SERVICI					81	Name								
11780 U.S. HIGHWAY ONE SUITE 300							62	Street Address (P.O. Box Number is Not Acceptable)				1				
											***************************************				_[
N P	alm beac	H FL 33408					83									
							84	City				85 Z	Zip Co	ode	┨	
							L				<u>FL</u>		· .		_	
11. Pursuant office or r agent La	to the provis egistered aç mi familiar w	sions of Section gent, or both, in ith, and accep	ns 607.0502 a n the State of I it the obligatio	nd 60 Florid ns of,	i7.1508, Florida Statu a. Such change was Section 607.0505, F	tes, the a authoriza lorida Sta	above ed by atutes	e-named cor y the corpora s.	rporation submits this statement for the ation's board of directors. I hereby ac-	e purpo cept the	se of o	changin intraent	ıg its I as r€	registered ogistered		
SIGNATURE															1	
	Signature, type:	for printed name of						ent aignature requ	ulred when reinstating)		ATE	O IDEO		111.40	۔ إ	
12.	······································	OFF	ICERS AND D	IREC	TORS	13.			ADDITIONS/CHANGES TO OF	FICERS	-	Chan		Addition	-[8	
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NAME	Oren S. Tasini				N										3	
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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. S. Tasini, President

SIGNATURE:

Daytime Fhorie #

(561) 627-8100