

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000034413

1. Entity Name
THEATER FUNDING, INC.



Principal Place of Business

515 N. FLAGLER DRIVE
SUITE 808
WEST PALM BEACH, FL 33401

Mailing Address

515 N. FLAGLER DRIVE
SUITE 808
WEST PALM BEACH, FL 33401

FILED
Apr 30, 2007 08:00 AM
Secretary of State



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0676544

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES, INC.
660 U.S. HWY 1
3RD FLOOR
N PALM BEACH, FL 33408

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPS
CUILO, ROBERT S
515 N. FLAGLER DRIVE STE 808
WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
HOTARY, MIKE
515 N. FLAGLER DRIVE STE 808
WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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NAME
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CITY - ST - ZIP

000000740857
05/15/07-800006-005 150.00

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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 or without other like empowered.

SIGNATURE:

Michael Hotary, Treasurer 42507 (561) 478-4290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #