## 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 # P96000071828 (3)

MOVIE LINES, INC.

Mailing Address Principal Place of Business 6800 W COMMERCIAL BLVD. SUITE 5 6800 W COMMERCIAL BLVD. SUITE 5 FT LAUDERDALE FL 33319-2151 FT LAUDERDALE FL 33319 3. Date Incorporated or Qualified 3a. Date of Last Report 08/28/1996 FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. # etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5,00 May Be Added to Fees Trust Fund Contribution 23 28 Country Zιρ 8. This corporation has liability for intangible tax under s. 199.032, Zic Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Herbert H. Rolnick FILINGS, INC. 3732 NW 16TH ST Street Address (P.O. Box Number is Not Acceptable) 82 FT LAUDERDALE FL 33311 6800 W. Commercial Blvd., Suite 5 83 84 City 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 change lts registered agent I am tamiliar than an accept the obligations of, Section 607.0505, Florida Statutes. 33319 1/8/97 (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6)13. 12. Addition Change DELETE D 1.1 TITLE THLE HART, JAXIMIS James 1.2 NAME NAME 6800 W COMMERCIAL BLVD, SUITE 5 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33319 1.4 CITY - ST - ZIP CITY-SI-ZP Change Addition DELETE 21 TITLE THART, JANET 22 NAME NAME 6000 W. COMMORCIAL BLUD . SOME 5 2.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL. 33319 2 4 QITY-ST-ZIP CHY- \$1 - 20 Change Addition DELETE 3.1 TITLE TILLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. O/TY - ST-7/P CITY-ST-ZIP ☐ Change Addition Addition DELETE 4.1 TO LE THUE 4. 2 NAME NAME 4.3 SYREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP Critic ST - 2IP Addition Change DELETE 5.1 TITLE THUE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C TY - ST - ZIP CITY-ST-70F Change Addition DELETE 6.1 TITLE Tille 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 DITY-ST-ZIP

SIGNATURE:

appears in Block 12 or Block

( 13 if

or on an attachment with an address

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

**FILED** 

May 05 1997 8:00am

Secretary of State