

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 16, 2000 08:00 AM****Secretary of State****DOCUMENT # P97000007362****1. Entity Name**

THE SCI-FI MEGAPLEX, INC.

Principal Place of Business

1830 WEST BROWARD BOULEVARD

FORT LAUDERDALE

33312

FL

US

Mailing Address

1830 WEST BROWARD BOULEVARD

FORT LAUDERDALE

33312

US

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State**

Zip

Country

Zip

Country

4. FEI Number**65-0736875**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentGRONSBELL DEBORAH A
1830 W. BROWARD BLVD.

FORT LAUDERDALE

33312

FL

US

7. Name and Address of New Registered Agent**Name**

ZIFRONY MATTHEW

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

110 S.E. 6TH STREET

15TH FLOOR

City

FORT LAUDERDALE

FLZip Code
33301**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.**SIGNATURE **MATTHEW ZIFRONY**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

02/16/2000

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State****10. Election Campaign Financing
Trust Fund Contribution.**☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VPST	<input type="checkbox"/> Delete
NAME	JACKSON GLENN K	
STREET ADDRESS	1830 W. BROWARD BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	

TITLE	VSTD	<input type="checkbox"/> Delete
NAME	TALARICO RAYMOND J	
STREET ADDRESS	1830 W BROWARD BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JACKSON GLENN K	
STREET ADDRESS	1830 W BROWARD BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON GLENN K	
STREET ADDRESS	1830 W. BROWARD BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALARICO RAYMOND J	
STREET ADDRESS	1830 W BROWARD BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raymond J. Talarico

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02/16/2000