2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000080825

1. Entity Name

SUN THEATRES, INC.



			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Principal Place of Busine 1798 S. WOODLAND BLV DELAND FL 32720		Mailing Address PO BOX 2076 DELAND FL 32721 US	
2. Principal Place of Bus	siness	3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
	<u> </u>	- 1	<u> </u>

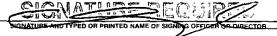
May 01, 2003 8:00 am Secretary of State

05-01-2003 90375 035 ***150.00

DELAND FL 32720 DELAND FL 32 US			ND FL 32721	32721						I (18) 18(8) 18(8)		
2. Principal Place of Business			3. Mail	3. Mailing Address				i (II)	1881 ILB 18111 IBBLI BBLIS	. 03 141 44 111 44 1		HIBBT 6111 1561
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City	City & State				4. FEI Numb	^{per} 59-348376	66	—	plied For at Applicable
Zip		Country	Zip -		Country			5. Certificate	e of Status Desired	a 🗀	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent								7. Name an	d Address of Nev	v Registered	Agent	
CHESTER C DEMARSH				Name ,								
1798 S WOODLAND BLVD					Street Address (P.O. Box Number is Not Acceptable)							
DELAND FL 32720						•						
					City				F	Zip Code		
the obligat	named entity ions of regist	y submits this statement fo ered agent.	r the purpo	ose of changing its r	egistere	ed office or	registere	d agent, or bo	oth, in the State of	Florida, 1 an	n familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if appli	cable. (NOTE:	Registere	d Agent signat	ure required w	rhen reinstating)		DATE	 _	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						lection Campaign rust Fund Contribu	-		May Be to Fees			
10.		OFFICERS AND	DIRECTOR	RS	11.			ADDITIONS	CHANGES TO C	FFICERS AN	ND DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPEARS, I 1798 S. W DELAND F	OODLAND BLVD.		Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEMARSH 1798 S. W DELAND F	OODLAND BLVD.		☐ Delete	NAMI STRE	ET ADDRESS -ST-ZIP	Den 1798 Del	flarsh, F S. Wor and Fi	TRAK odland Bl 32720	lud	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEMARSH 1798 S. W DELAND F	'oodland Blvd.		☐ Delete	NAM! STRE	V/5 ET ADDRESS ST-ZIP	Den 1798		int aland Bluc	l	X Change	Addition
TITLE Name Street address City-St~Zip				☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6			□ Delete							Change	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



<u>386-736-6830</u>