## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000095771

Entity Name: LANDMARK ENTERTAINMENT CORPORATION

FILED May 15, 2009 Secretary of State

| Current Principal Place of Business:          |                   |                                      | New Principal Place o              | New Principal Place of Business:           |  |
|---|-------------------|--------------------------------------|------------------------------------|--|--|
| 555 NE 15                                     | TH STREET         |                                      | 99 NW 183RD STREE                  | Т  |  |
| SUITE 772                                     |                   |                                      | SUITE 235                          |  |  |
| MIAMI, FL                                     | 33132             |                                      | MIAMI, FL 33179                    |  |  |
| Current Mailing Address:                      |                   |                                      | New Mailing Address                | New Mailing Address:                       |  |
| 555 NE 15                                     | TH STREET         |                                      | 5700 NW 17TH AVE                   |  |  |
| SUITE 772                                     |                   |                                      | SUITE B                            |  |  |
| MIAMI, FL                                     | 33132             |                                      | MIAMI, FL 33142                    |  |  |
| FEI Number                                    | : 65-0793600      | FEI Number Applied For ( )           | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )          |  |
| Name and Address of Current Registered Agent: |                   |                                      | Name and Address of                | Name and Address of New Registered Agent:  |  |
| LECOUNT                                       | T. ALEX           |                                      |                                    |  |  |
| 2136 SW                                       |                   |                                      |                                    |  |  |
| MIRAMAR                                       | R, FL 33027       | US                                   |                                    |  |  |
|   |                   |                                      |                                    |  |  |
| The charge                                    | named entity      | submits this statement for the       | nurness of changing its registered | office or registered agent or both         |  |
|   | e of Florida.     | submits this statement for the       | purpose of changing its registered | office of registered agent, or both,       |  |
| iii tiic Otat                                 | c or r lorida.    |                                      |                                    |  |  |
| SIGNATU                                       | RE:               |                                      |                                    |  |  |
|   | Electro           | nic Signature of Registered Ag       | ent                                | Date                                       |  |
| In accordan                                   | nce with e 607 10 | 3(2)(b), F.S., the corporation did n | ot receive the prior potice        |  |  |
|   |                   | g Trust Fund Contribution ( ).       | or receive the phor notice.        |  |  |
| OFFICERS AND DIRECTORS:                       |                   |                                      | ADDITIONS/CHANGE                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR |  |
| Title:  | Р (               | ) Delete                             | Title:                             | ) Change ( ) Addition                      |  |
| Name:   | LOUIS, JACQU      |                                      | Name:                              | ) Change ( ) Addition                      |  |
| Address:                                      | 555 NE 15TH S     |                                      | Address:                           |  |  |
| City-St-Zip:                                  | MIAMI, FL 331     |                                      | City-St-Zip:                       |  |  |
| ,   | ,                 |                                      | 5.1.y 51 <u>2.1.p</u> .            |  |  |
| Title:  | VP (              | ) Delete                             | Title: (                           | ) Change ( ) Addition                      |  |
| Name:   | LECOUNT, ALE      | X                                    | Name:                              |  |  |
| Address:                                      | 555 NE 15TH S     | ST STE 7723                          | Address:                           |  |  |
| City-St-Zip:                                  | MIAMI, FL 331     | 32                                   | City-St-Zip:                       |  |  |
| Title:  | VP (              | ) Delete                             | Title: (                           | ) Change ( ) Addition                      |  |
| Name:   | LEADER, KEN       | Delete                               | Name:                              | / Change ( ) Addition                      |  |
| Address:                                      | 555 NE 15TH S     | T STE 7723                           | Address:                           |  |  |
| City-St-Zip:                                  | MIAMI, FL 331     |                                      | City-St-Zip:                       |  |  |
|   |                   |                                      | -                                  |  |  |
| Title:  | ,                 | ) Delete                             |                                    | ) Change ( ) Addition                      |  |
| Name:   | CASTILLO, TO      |                                      | Name:                              |  |  |
| Address:                                      | 555 NE 15TH S     |                                      | Address:                           |  |  |
| City-St-Zip:                                  | MIAMI, FL 331     | 32                                   | City-St-Zip:                       |  |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEX LECOUNT VP 05/15/2009