

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000098406

1. Entity Name
THEATER PROPERTY HOLDINGS, INC.



Principal Place of Business
201 CLEMATIS STREET
WEST PALM BEACH, FL 33408 US
Mailing Address
515 N. FLAGLER DRIVE
SUITE 808
WEST PALM BEACH, FL 33401 US

**FILED
May 02, 2005 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE

02152005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0892792	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES, INC.
11780 U.S. HIGHWAY
SUITE 300
NORTH PALM BEACH, FL 33408

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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, 2005 Fee will be \$550.00**

8. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Un00000354333
05/03/05-80103-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05 (561)478-4990
Date Daytime Phone #