

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 AM
Secretary of State

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**



05032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0892792

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FHS CORPORATE SERVICES, INC.
660 UNITED STATES HIGHWAY ONE
THIRD FLOOR
NORTH PALM BEACH, FL 33408**

**DO NOT WRITE
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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000758824
05/24/07-80017-019 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Michael Hotary, Treasurer 5307 (561)478-4990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #