## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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## DOCUMENT # P98000098406

1. Entity Name

TITLE NAME STREET ADDRESS CITY-ST-ZIP

THEATER PROPERTY HOLDINGS, INC.



**FILED** May 05, 2008 8:00 am Secretary of State

05-05-2008 90259 009 \*\*\*150.00

Principal Place of Business

201 CLEMATIS STREET

WEST PALM BEACH, FL 33408

Mailing Address

515 N. FLAGLER DRIVE

**SUITE 808** 

WEST PALM BEACH, FL 33401



04302008

No Chg-P

CR2E034 (11/05)

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

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the obli		AOT P			DATE
	Signature, typed or printed name of registered agent and title FILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee will be \$550.00	S. Election Campaign Fina Trust Fund Contribution	ancing _	\$5.00 May Be Added to Fees	DATE
10.	OFFICERS AND DIRECTORS				
TITLE NAME					

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

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

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12. I hereby certify that the information supplied with this filling 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