FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
CINEMA SILLBOARD, INC.

DOCUMENT # S78329 (7)

Mailing Address
~~301 B PINECREST CIR~~
~~JUPITER FL 33458~~
924 montclair RD
suite 107
Birmingham AL 35213

Principal Place of Business
301 B PINECREST CIR
JUPITER FL 33458

If above addresses are incorrect in any way, line through incorrect information and enter corrected below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address
21

2a. Principal Place of Business
26

3. Date Incorporated or Qualified: 09/06/1991
3a. Date of Last Report: 03/31/1993

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

4. FEI Number: 59-3084520
Applied For ☐ Not Applicable ☐

City & State
23

City & State
28

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip 24 Country 25

Zip 29 Country 30

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHAPIRO, ROBERT LEE
400 AUSTRALIAN AVENUE SOUTH
SUITE 300
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE: _____ DATE _____

12. OFFICERS AND DIRECTORS

11 TITLE	D/P
12 NAME	ERICKSON, JAMES
13 STREET ADDRESS	301 B PINECREST CIR
14 CITY-ST-ZIP	JUPITER FL
21 TITLE	D/V/P
22 NAME	LAWRENCE, JOHN
23 STREET ADDRESS	301 B PINECREST CIR
24 CITY-ST-ZIP	JUPITER FL
31 TITLE	S/D/T
32 NAME	LAWRENCE, MARILYN
33 STREET ADDRESS	301 B PINECREST CIR
34 CITY-ST-ZIP	JUPITER FL
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

DECEASED 4/8/92

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	800001482588 -05/10/95--01057--022
31 TITLE	****200.00 ****200.00
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

800 51

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James Erickson

SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING ON BEHALF OF CORPORATION — Date — Officer Director