2000 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2000 8:00 am Secretary of State **DOCUMENT # V00846** RLR THEATRE, INC. 04-27-2000 90094 025 ***150.00 Principal Place of Business Mailing Address 2205 W. HILLSBORO BLVD. C/O DACMELET DEERFIELD BCH FL 33442 PO BOX 2486 <u>ህ ሲ ሲ ሲ ሲ ሲ ሲ ሲ ሲ</u> FT LAUDERDALE FL 33303-2486 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0300938 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DACHELET, THOMAS M. Street Address (P.O. Box Number is Not Acceptable) 888 SE 3RD AVE SUITE 400 FT. LAUDERDALE FL 33316 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 19 \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees See critèria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change TITLE Delete Addition CONTRACT RICE, OERADINE RICE, ROBERT L. NAME 4747 Bocaire BLED 4767 BOCAIRE BLVD. STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33487 CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP VD Delete TITLE ☐ Change Addition TITLE FORBES, LAWRENCE NAME NAME 3785 RIVERSIDE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DELRAY BEACH FL STD Delete Change TITLE TITLE Addition STERN, WENDY 323212062 no Lane RICE, GERALDINE NAME NAME 4767 BOCAIRE BLVD. STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33496 CITY-ST-ZIP CITY-ST-ZIP **BOÇA RATON FL** ☐ Delete TITLE ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Сhалде ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

- ST-709

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2000 (561)241-3333

CR2E034 (9/99)