

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213536859

1.) CORPORATION NAME:

**The American Century Theater, Inc.**

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JACK A MARSHALL JR  
AMERICAN CENTURY THEATER  
3700 S FOUR MILE RUN DR**

SCC ID NO: **04327854**

5.) STOCK INFORMATION

CLASS  AUTHORIZED

**ARLINGTON, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 6313

CITY/ST/ZIP: ARLINGTON, VA 22202-0313

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: WENDY KENNEY  
TITLE: TREASURER  
ADDRESS: 6 BRIDLE COURT  
CITY/ST/ZIP/CO: POTOMAC, MD 20854

OFFICER

DIRECTOR

NAME: LOUIS GEORGE  
TITLE: CHAIRMAN OTB  
ADDRESS: 3538 W PLACE, NW  
CITY/ST/ZIP/CO: WASHINGTON, DC 20007

OFFICER

DIRECTOR

NAME: WES MACADAM  
TITLE: VICE CHAIRMAN  
ADDRESS: 415 N. OAKLAND STREET  
CITY/ST/ZIP/CO: ARLINGTON, VA 22203

OFFICER

DIRECTOR

NAME: ANN MARIE PLUBELL  
TITLE: SECRETARY  
ADDRESS: 3429 QUEBEC ST NW  
CITY/ST/ZIP/CO: WASHINGTON, DC 20016

OFFICER

DIRECTOR

NAME: LOUIS GEORGE  
TITLE: DIRECTOR  
ADDRESS: 3538 W PLACE, NW  
CITY/ST/ZIP/CO: WASHINGTON, DC 20007

OFFICER

DIRECTOR

NAME: PAIGE GOLD  
TITLE: DIRECTOR  
ADDRESS: 3909 RUST HILL PLACE  
CITY/ST/ZIP/CO: FAIRFAX, VA 22030

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GABRIEL GOLDBERG DIRECTOR 3401 SILVER MAPLE PLACE FALLS CHURCH, VA 22042	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VIVIAN KALLEN DIRECTOR 2705 N UPSHUR STREET ARLINGTON, VA 22207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACK MARSHALL DIRECTOR 2707 WESTMINSTER PLACE ALEXANDRIA, VA 22305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN MCINTYRE DIRECTOR 51 LOUISIANA AVENUE, NW WASHINGTON, DC 20001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ WENDY KENNEY	WENDY KENNEY, TREASURER	8/8/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			