

UNITED STATES BANKRUPTCY COURT
FOR THE CENTRAL DISTRICT OF CALIFORNIA – LOS ANGELES DIVISION

In re:

METROPOLITAN THEATRES
CORPORATION, a California corporation,

Debtor.

TAX ID.: 95-1002289

Case No. 2:24-bk-11569-BR

Chapter 11 (Subchapter V)

**GLOBAL NOTES AND STATEMENTS OF LIMITATION, METHODOLOGY,
AND DISCLAIMERS REGARDING THE DEBTOR’S SCHEDULES OF
ASSETS AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

Metropolitan Theatres Corporation (“**MTC**”) debtor and debtor in possession (the “**Debtor**”)¹ filed for chapter 11, subchapter V (the “**Chapter 11 Case**”) and in connection therewith has filed its respective Schedules of Assets and Liabilities (collectively, the “**Schedules**”) and the Statement of Financial Affairs (collectively, the “**Statements**” and, together with the Schedules, the “**Schedules and Statements**”) in the United States Bankruptcy Court for the Central District of California (the “**Bankruptcy Court**”). The Debtor, with the assistance of its legal and other advisors, prepared the Schedules and Statements, pursuant to section 521 of Chapter of Title 11 of the United States Code (the “**Bankruptcy Code**”) and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “**Bankruptcy Rules**”), which are unaudited.

While the Debtor’s management has made every reasonable effort to ensure that the Schedules and Statements are as accurate and complete as possible, subsequent information or discovery could provide more information about the items identified in the Schedules and Statements, and inadvertent errors or omissions may have occurred.

These *Global Notes and Statement of Limitations, Methodology, and Disclaimers Regarding the Debtor’s Schedules and Statements of Financial Affairs* (the “**Global Notes**”) are incorporated by reference in, and comprise an integral part of, the Debtor’s Schedules and Statements, and should be referred to and considered in connection with any review of the Schedules and Statements.

The Schedules and Statements for the Debtor are signed by David Corwin, President of the Debtor. In reviewing and signing the Schedules and Statements, Mr. Corwin relied upon his knowledge of the business, accounting and financial data provided by the efforts, statements, advice, and representations of personnel of the Debtor

¹ The last four digits of the Debtor’s federal tax identification number are 2289.

and the Debtor's legal and other advisors.

In preparing the Schedules and Statements, the Debtor relied on financial data derived from its books and records that was reasonably available at the time of such preparation. The Debtor, and its agents and attorneys do not guarantee or warrant the accuracy or completeness of the data that is provided herein, and shall not be liable for any loss or injury arising out of or caused in whole or in part by the acts, errors, or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating, or delivering the information contained herein. While commercially reasonable efforts have been made to provide accurate and complete information herein, inadvertent errors or omissions may exist. For the avoidance of doubt, the Debtor and its professionals expressly do not undertake any obligation to update, modify, revise, or re-categorize the information provided herein, or to notify any third party should the information be updated, modified, revised, or re-categorized, except as required by applicable law. In no event shall the Debtor, or its agents or attorneys be liable to any third party for any direct, indirect, incidental, consequential, or special damages (including, but not limited to, damages arising from the disallowance of a potential claim against the Debtor or damages to business reputation, lost business, or lost profits), whether foreseeable or not and however caused, even if the Debtor or its agents or attorneys are advised of the possibility of such damages.

To the extent the Debtor pays any of the claims listed in the Schedules and Statements pursuant to any orders entered by the Bankruptcy Court, the Debtor reserves all rights to amend and supplement the Schedules and Statements and take other action, such as filing objections to Claims, as is necessary and appropriate to avoid overpayment or duplicate payment for such liabilities.

Global Notes and Overview of Methodology

1. **Description of Case.** On February 29, 2024, (the "**Petition Date**"), the Debtor, MTC, filed a voluntary petition for relief under chapter 11 of the Bankruptcy Code.
2. **Reservations and Limitations.** Commercially reasonable efforts have been made to prepare and file complete and accurate Schedules and Statements; however, as noted above, inadvertent errors or omissions may exist. Nothing contained in the Schedules and Statements constitutes a waiver of the Debtor's rights or an admission of any kind with respect to this chapter 11 case, including, but not limited to, any rights or claims of the Debtor against any third party or issues involving substantive consolidation, equitable subordination, or defenses or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code or any other relevant applicable bankruptcy or non-bankruptcy laws to recover assets or avoid transfers. Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the general reservation of rights contained in this paragraph.
 - (a) **No Admission.** Nothing contained in the Schedules and Statements is intended or should be construed as an admission or stipulation of the validity

of any claim against the Debtor, any assertion made therein or herein, or a waiver of the right to dispute any claim or assert any cause of action or defense against any party.

- (b) **Recharacterization.** Notwithstanding that the Debtor has made commercially reasonable efforts to correctly characterize, classify, categorize, or designate certain claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules and Statements, the Debtor nonetheless may have improperly characterized, classified, categorized, or designated certain items.
- (c) **Categories or Labels for Purpose of Presentation in Schedules and Statements.** Information requested by the Schedules and Statements requires the Debtor to make a judgment regarding the appropriate category in which information should be presented or how certain parties, claims or other data should be labeled, if at all. The Debtor's decisions regarding the category or label to use and to include (or not include) any claim or other item in the Schedules and Statements is based on the best information available as of the filing of these Schedules and Statements and within the time constraints imposed.
- (d) **Classifications.** Listing (i) a claim on Schedule D as "secured," (ii) a claim on Schedule E/F as "priority" or "unsecured," or (iii) a contract on Schedule G as "executory" or "unexpired" does not constitute an admission by the Debtor of the legal rights of the claimant or contract counterparty, or a waiver of the right to recharacterize or reclassify such claim or contract.
- (e) **Claims Description.** Any failure to designate a claim on the Debtor's Schedules and Statements as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtor that such amount is not "disputed," "contingent," or "unliquidated."
- (f) **Estimates and Assumptions.** The preparation of the Schedules and Statements required the Debtor to make reasonable estimates and assumptions with respect to the reported amounts of assets and liabilities, the amount of contingent assets and contingent liabilities on the date of the Schedules and Statements, and the reported amounts of revenues and expenses during the applicable reporting periods. Actual results could differ from such estimates.
- (g) **Causes of Action.** Despite commercially reasonable efforts, the Debtor may not have identified all current and potential causes of action the Debtor may have against third parties in its respective Schedules and Statements, including, without limitation, avoidance actions arising under chapter 5 of the Bankruptcy Code and actions under other relevant bankruptcy and non-

bankruptcy laws to recover assets.

- (h) **Insiders.** In the circumstance where the Schedules and Statements require information regarding “insiders,” in addition to information with respect to the Debtor’s affiliates, the Debtor has included information with respect to certain individuals who served as officers and directors, as the case may be, during the relevant time periods.

The listing or omission of a party as an insider for purposes of the Schedules and Statements is not intended to be, nor should it be, construed as an admission of any fact, right, claim, or defense and all such rights, claims, and defenses are hereby expressly reserved. Information regarding the individuals listed as insiders in the Schedules and Statements has been included for informational purposes only.

3. **Methodology.**

(a) **Basis of Presentation.**

These Schedules and Statements do not purport to represent financial statements prepared in accordance with accounting principles generally accepted in the United States (“GAAP”), nor are they intended to fully reconcile to the financial statements prepared by the Debtor. These Schedules and Statements reflect the best available estimate of assets and liabilities of the Debtor, except where otherwise indicated. Information contained in the Schedules and Statements has been derived from the data extracted from the Debtor’s available books and records. The fair value and net realizable value of real and personal property may vary materially from the net book value presented herein.

Given, among other things, the uncertainty surrounding the condition, collection and ownership of certain assets and the valuation and nature of certain liabilities, to the extent that the Debtor shows more assets than liabilities, this is not an admission that the Debtor was solvent as of the Petition Date or at any time prior to the Petition Date. Likewise, to the extent the Debtor shows more liabilities than assets, this is not an admission that the Debtor was insolvent as of the Petition Date or any time prior to the Petition Date.

All asset information, except where otherwise noted, is reflected through December 31, 2023.

All liability information, except where otherwise noted, is reflected through the Petition Date.

- (b) **Confidential Information.** There may be instances in the Schedules and Statements where the Debtor deemed it necessary and appropriate to redact from the public record information such as names, addresses, or amounts. Generally, the Debtor may have used this approach because of a

confidentiality agreement between the Debtor and a third party, for the protection of sensitive commercial information, or for the privacy of an individual.

- (c) **Undetermined Amounts.** The description of an amount as “unknown” or “undetermined,” is not intended to reflect upon the materiality of such amount.
- (d) **Unliquidated Amounts.** Claim amounts that could not be readily quantified by the Debtor are scheduled as “unliquidated.” The description of an amount as “unknown,” or “undetermined” is not intended to reflect upon the materiality of such amount. Any failure to designate a claim in the Schedules and Statements as “contingent,” “unliquidated,” or “disputed” does not constitute an admission by the Debtor that such claim or amount is not “contingent,” “unliquidated,” or “disputed.” The Debtor reserves all rights to dispute, or to assert offsets or defenses to, any claim reflected on the Schedules and Statements on any grounds, including, but not limited to, amount, liability, priority, status, or classification, or to otherwise subsequently designate any claim as “contingent,” “unliquidated,” or “disputed.”
- (e) **Totals.** All totals that are included in the Schedules and Statements represent totals of all known amounts. To the extent there are unknown or undetermined amounts, the actual total may be different from the listed total.
- (f) **Affiliate Claims.** The Debtor maintains business relationships with other entities, conducting business from time to time that may result in affiliate receivables and payables and/or are on account of capital contributions, equity investments, or distributions on account of equity investments. Known and assumed prepetition receivables and payables among and between the Debtor and its affiliates are reported on Schedule A/B, and Schedule E/F, respectively, per the Debtor’s books and records. The listing of any amounts with respect to such receivables and payables is not, and should not be construed as, an admission of the characterization of such balances as debt, equity, or otherwise. Intercompany balances have been reconciled as of December 31, 2023.
- (g) **Guarantees and Indemnification Claims.** The Debtor has exercised commercially reasonable efforts to locate and identify guarantees of its executory contracts, unexpired leases, secured financings, and other such agreements. Where guarantees or indemnification claims have been identified, they have been included in the relevant Schedules E/F, G and H. The Debtor may have inadvertently omitted guarantees or indemnifications embedded in its contractual agreements and may identify additional guarantees or indemnifications as it continues to review its books and records and contractual agreements. The Debtor reserves its rights, but is not required, to amend the Schedules and Statements if additional guarantees

are identified.

- (h) **Currency.** Unless otherwise indicated, all amounts are reflected in U.S. dollars.

4 Specific Schedules Disclosures.

- (a) **Schedules Summary.** Except as otherwise noted, the liability totals represent amounts through the Petition Date, and asset totals are through December 31, 2023. A portion of nonsalable inventory for three noted theatres is as of January 1, 2024.
- (b) **Schedule A/B – Parts 1 & 2 - Cash and Cash Equivalents; Deposits and Prepayments.** Details with respect to the Debtor's bank accounts are provided in the Debtor's Schedules, and are calculated as of the Petition Date. The funds held in the checking account on the Petition Date at American Riviera Bank, account number ending 7825, are held in trust for the benefit of third party licensee beneficiaries until reconciled in the ordinary course of business.
- (c) **Schedule A/B Part 3 – Accounts Receivable.** The Debtor's accounts receivable have been reconciled as of December 31, 2023. Accounts receivable do not include intercompany receivables. Intercompany receivables are reported in Schedule A/B Part 11, Question 77.
- (d) **Schedule A/B Part 9 – Real Property.** The Debtor does not own any real property. The Debtor has listed its real property leases in Schedule A/B Part 9, Question 55.
- (e) **Schedule A / B Part 11 – All Other Assets.** Other than real property leases reported in Schedule A/B Part 9, Question 55, the Debtor has not necessarily set forth executory contracts and unexpired leases as assets in the Schedules and Statements, even though these contracts and leases may have some value to the Debtor's estate. The Debtor's executory contracts and unexpired leases have been set forth in Schedule G.
- (f) ***Other Contingent and Unliquidated Claims or Causes of Action of Every Nature, including Counterclaims of the Debtor and Rights to Setoff Claims.*** In the ordinary course of its businesses, the Debtor may have accrued, or may subsequently accrue, certain rights to counterclaims, crossclaims, setoffs, credits, rebates, or refunds with its customers and vendors. Because such claims are unknown to the Debtor and not quantifiable as of the Petition Date, they are not listed on Schedule A/B, Part 11. The liabilities listed on the Schedules do not reflect any analysis of Claims under section 503(b)(9) of the Bankruptcy Code. Accordingly, the Debtor reserves all of its rights to dispute or challenge the validity of any asserted Claims under section 503(b)(9) of the Bankruptcy Code or the characterization of the structure of any such transaction or any document or

instrument related to any creditor's Claim. When Claims arise on various dates, the date may be left blank or listed as "various" on the Schedules.

Schedule E/F – Creditors Who Have Unsecured Claims.

Part 2 - Creditors with Nonpriority Unsecured Claims. The liabilities identified in Schedule E/F Part 2, are derived from the Debtor's books and records. The Debtor made a commercially reasonable attempt to set forth its unsecured obligations, although the actual amount of claims against the Debtor may vary from those liabilities represented on Schedule E/F Part 2. The listed liabilities, which have been listed on a gross accounts' payable basis, may not reflect the correct amount of any unsecured creditor's allowed claims or the correct amount of all unsecured claims.

Schedule E/F Part 2, does not include claims that may arise in connection with the rejection of any executory contracts and unexpired leases, if any, that may be or have been rejected.

In many cases, the claims listed on Schedule E/F Part 2, arose, accrued, or were incurred on various dates or on a date or dates that are unknown to the Debtor or are subject to dispute. Where the determination of the date on which a claim arose, accrued, or was incurred would be unduly burdensome and costly to the Debtor's estate, the Debtor has not listed a specific date or dates for such claim.

As of the time of filing of the Schedules and Statements, the Debtor may not have received all invoices for payables, expenses, and other liabilities that may have accrued prior to the Petition Date. Accordingly, the information contained in Schedules E/F may be incomplete. The Debtor reserves its rights, but undertakes no obligations, to amend Schedules E/F if, or when, the Debtor receive such invoices.

In many cases, scheduled amounts due to creditors contemplate the possibility that checks issued prior to the Petition Date were cashed by such creditors. If such checks ended up being dishonored as of the Petition Date, the amount owed to such creditors could increase by the amount of the dishonored checks. The Debtor has not reconciled which checks have cleared and which have not, but assumes for the Schedules and Statements that they cleared prepetition.

(g) **Schedule G – Executory Contracts and Unexpired Leases.** While commercially reasonable efforts have been made to ensure the accuracy of Schedule G, inadvertent errors or omissions may have occurred. Omission of a contract or agreement from Schedule G does not constitute an admission that such omitted contract or agreement is not an executory contract.

(h) **Schedule H – Codebtors.** For purposes of Schedule H, the Debtor may not

have identified certain guarantees associated with the Debtor's executory contracts, unexpired leases, secured financings, debt instruments, and other such agreements. In the ordinary course of its business, the Debtor may be involved in pending or threatened litigation. These matters may involve multiple plaintiffs and defendants, some or all of whom may assert cross-Claims and counter-Claims against other parties. Because the Debtor has treated all such Claims as contingent, disputed, or unliquidated, such Claims have not been set forth individually on Schedule H. Litigation matters can be found on the Debtor's Schedule E/F Part 2 and Statement Part 7, as applicable.

5. Specific Statements Disclosures.

- (a) **Statements, Part 1, Question 1 – Gross Revenue from Business.** The Debtor's books and records relating to revenue have been reconciled as of September 30, 2023.
- (b) **Statements, Part 2, Question 3 – Payments and Transfers to Certain Creditors within 90 Days.** The dates set forth in the "Dates" column relate to one of the following: (i) the date of a wire transfer; (ii) the date of an "ACH" processing; or (iii) the check date. In many cases, scheduled amounts due to creditors contemplate the possibility that checks issued prior to the Petition Date were cashed by such creditors. If such checks ended up being dishonored as of the Petition Date, the amount owed to such creditors could increase by the amount of the dishonored checks. The Debtor has not reconciled which checks have cleared and which have not, but assumes for the Schedules and Statements that they cleared prepetition.
- (c) **Statements, Part 2, Question 4 – Transfers to Insiders within One Year.** The Debtor's books and records relating to intercompany transactions with affiliates have been reconciled as of December 31, 2023. Intercompany balances have been reconciled as of that date.
- (d) **Statements, Part 3, Question 7 – Legal Actions or Assignments.** The Debtor does not know of any workers' compensation claims in response to this question. However, if any become known the Debtor maintains that disclosure would be in violation of certain laws including HIPAA (Health Insurance Portability and Accountability Act of 1996).
- (e) **Statements, Part 11, Question 21 – Property Held for Another.** As of December 31, 2022, approximately \$401,981 in purchased and unredeemed gift cards were outstanding across all of the Debtor's corporate-owned locations (and those of non-debtor affiliates). In the ordinary course of business, the Debtor reconciles gift card balances soon after conclusion of the year. The Debtor has yet to perform that reconciliation for calendar year

2023, but believes that the amount of gift cards outstanding as of the Petition Date does not materially exceed that amount.

- (f) **Statements, Part 13, Question 30 – Payments, Distributions, or Withdrawals Credited or Given to Insiders.** Unless otherwise indicated in the Debtor's specific response to Statement Part 13, Question 30, the Debtor has included a comprehensive response to Statement Part 13, Question 30 in Statement Part 4.

These Global Notes are in addition to the specific notes set forth in the Schedules and Statements of the Debtor. The fact that the Debtor has prepared a Global Note with respect to a particular Schedule or Statement and not as to others does not reflect and should not be interpreted as a decision by the Debtor to exclude the applicability of such Global Note to any or all of the Debtor's remaining Schedules or Statements, as appropriate. Disclosure of information in one Schedule, one Statement, or an exhibit or attachment to a Schedule or Statement, even if incorrectly placed, shall be deemed to be disclosed in the correct Schedule, Statement, exhibit, or attachment.

Fill in this information to identify the case:

Debtor name: Metropolitan Theatres Corporation

United States Bankruptcy Court for the: Central District of California

Case number (if known): 24-11569

☐ Check if this is an
amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)

1a. Real property: Copy line 88 from Schedule A/B	\$0.00
1b. Total personal property: Copy line 91A from Schedule A/B	\$2,633,640.92
1c. Total of all property: Copy line 92 from Schedule A/B	\$2,633,640.92

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D	\$5,697,934.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of Schedule E/F	\$534,070.33
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F	+ \$9,088,736.00
4. Total liabilities Lines 2 + 3a + 3b	\$15,320,740.33

Fill in this information to identify the case:

Debtor name: Metropolitan Theatres Corporation

United States Bankruptcy Court for the: Central District of California

Case number (if known): 24-11569

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

☐ No. Go to Part 2.

☒ Yes. Fill in the information below

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest
--	------------------------------------

2. Cash on hand

2.1. ¹	PARK THEATRE - SAFE FUNDS	\$3,300.00
2.2. ¹	ARLINGTON THEATRE - SAFE FUNDS	\$9,500.00
2.3. ¹	FIESTA 5 THEATRE - SAFE FUNDS	\$3,500.00
2.4. ¹	METRO 4 THEATRE - SAFE FUNDS	\$4,050.00
2.5. ¹	PASEO NUEVO THEATRE - SAFE FUNDS	\$3,000.00
2.6. ¹	PLAZA DE ORO THEATRE - SAFE FUNDS	\$1,500.00
2.7. ¹	FAIRVIEW 3 THEATRE - SAFE FUNDS	\$1,850.00
2.8. ¹	CAMINO REAL CINEMA 6 - SAFE FUNDS	\$5,300.00
2.9. ¹	CALEXICO 10 THEATRE - SAFE FUNDS	\$2,600.00

¹AS OF 2/29/2024

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1. ¹	CITY NATIONAL BANK	DEPOSITORY	5110	\$16,833.44
3.2. ¹	CITY NATIONAL BANK	DISBURSEMENT	2907	\$0.00
3.3. ¹	CITY NATIONAL BANK	CHECKING PAYROLL	2906	\$0.00

Debtor **Metropolitan Theatres Corporation**Case number (if known) **24-11569****3. Checking, savings, money market, or financial brokerage accounts** (Identify all)

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.4. ¹	AMERICAN RIVIERA BANK	CHECKING/MONEY MARKET	9433	\$45,373.47
3.5. ²	AMERICAN RIVIERA BANK	CHECKING	7825	\$220,184.55

¹BALANCE AS OF 2/29/2024²BALANCE AS OF 2/29/2024 AND SEE GLOBAL NOTES**4. Other cash equivalents** (Identify all)

	Description	Name of institution	Type of account	Last 4 digits of account number	Current value of debtor's interest
4.1.					\$

5. Total of part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$316,991.46

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below

7. Deposits, including security deposits and utility deposits

	Description, including name of holder of deposit	Current value of debtor's interest
7.1.	SECURITY (FIESTA 5 THEATRE) CITY OF SANTA BARBARA P O BOX 1990 SANTA BARBARA CA 93102	\$2,500.00

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

	Description, including name of holder of prepayment	Current value of debtor's interest
8.1.	RETAINER BALANCE DONLIN, RECANO & COMPANY, INC.	\$4,553.70
8.2.	RETAINER BALANCE KGI ADVISORS	\$8,000.00
8.3.	RETAINER BALANCE LOEB & LOEB	\$3,120.00

9. Total of part 2

Add lines 7 through 8. Copy the total to line 81.

\$18,173.70

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes. Fill in the information below.

Debtor **Metropolitan Theatres Corporation**Case number (if known) **24-11569****Current value of
debtor's interest****11. Accounts receivable**

	Face amount	Doubtful or uncollectible accounts		
11a. ¹ 90 days old or less:	\$ _____	- \$ _____	= →	\$ _____
	Face amount	Doubtful or uncollectible accounts		
11b. ¹ Over 90 days old:	\$186,226.98	- \$ _____	= →	\$186,226.98

12. Total of part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$186,226.98¹NCM, FANDANGO & PHILLIP FRIDEN - RECEIVABLES AS OF 12/31/2023**Part 4: Investments****13. Does the debtor own any investments?**

- ☐ No. Go to Part 5.
- ☒ Yes. Fill in the information below.

**Valuation method used
for current value****Current value of
debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock

14.1. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

	Name of entity	% of ownership	
15.1.	ARLINGTON THEATRE PROPERTY LLC	1.00%	_____ UNDETERMINED
15.2.	CORWIN ASSOCIATES PARTNERSHIP	80.00%	_____ UNDETERMINED
15.3. ¹	GREELEY LIMITED PARTNERSHIP	49.00%	_____ UNDETERMINED
15.4.	METRO 4 THEATRE PROPERTY, LLC	76.51%	_____ UNDETERMINED
15.5.	METRO COLORADO	100.00%	_____ UNDETERMINED
15.6.	METRO FOUNDRY, LLC	99.00%	_____ UNDETERMINED
15.7.	METRO HOLLYWOOD LLC	100.00%	_____ UNDETERMINED
15.8.	METRO NEWCO, LLC	100.00%	_____ UNDETERMINED
15.9.	METRO NORTHWEST, LLC	80.00%	_____ UNDETERMINED
15.10. ¹	METROLUX PARTNERSHIP	100.00%	_____ UNDETERMINED
15.11. ¹	METROPOLITAN ROCKY MOUNTAIN CINEMAS, LLC	90.00%	_____ UNDETERMINED

¹INDIRECT

Debtor **Metropolitan Theatres Corporation**Case number (if known) **24-11569****16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe

16.1. _____ \$ _____

17. Total of part 4

Add lines 14 through 16. Copy the total to line 83.

UNDETERMINED

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**☐ No. Go to Part 6.☒ Yes. Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials					
19.1.	_____	_____	\$ _____	_____	\$ _____
20. Work in progress					
20.1.	_____	_____	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale					
21.1.	_____	_____	\$ _____	_____	\$ _____
22. Other inventory or supplies					
	General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
22.1.	CAMINO REAL CINEMA 6 # 183 - FOOD & BEVERAGE, PAPER & PLASTICS, JANITORIAL CHEMICALS & SUPPLIES	3/1/2024	\$21,849.17	COST	\$21,849.17
22.2.	PLAZA DE ORO THEATRE # 151 - FOOD & BEVERAGE, PAPER & PLASTICS, JANITORIAL CHEMICALS & SUPPLIES	3/1/2024	\$6,205.08	COST	\$6,205.08
22.3.	PASEO NUEVO THEATRE # 105 - FOOD & BEVERAGE, PAPER & PLASTICS, JANITORIAL CHEMICALS & SUPPLIES	3/1/2024	\$11,887.19	COST	\$11,887.19
22.4.	PARK TWIN THEATRE # 006 - FOOD & BEVERAGE, PAPER & PLASTICS, JANITORIAL CHEMICALS & SUPPLIES	3/1/2024	\$18,726.32	COST	\$18,726.32
22.5.	METRO 4 THEATRE # 104 - FOOD & BEVERAGE, PAPER & PLASTICS, JANITORIAL CHEMICALS & SUPPLIES	3/1/2024	\$33,584.06	COST	\$33,584.06
22.6.	CALEXICO 10 THEATRE # 301 - FOOD & BEVERAGE, PAPER & PLASTICS, JANITORIAL CHEMICALS & SUPPLIES	3/1/2024	\$16,391.67	COST	\$16,391.67

Debtor **Metropolitan Theatres Corporation**Case number (if known) **24-11569****22. Other inventory or supplies**

	General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
22.7.	FIESTA 5 THEATRE # 102 - NON SELLABLE INVENTORY, INCLUDING SODA BIBS, ICEE BIBS, CONDIMENTS, PAPER & PLASTIC, AND JANITORIAL CHEMICALS & SUPPLIES	1/1/2024	\$9,224.25	COST	\$9,224.25
22.8.	FIESTA 5 THEATRE # 102 - SELLABLE INVENTORY - FOOD & BEVERAGE	3/1/2024	\$5,251.77	COST	\$5,251.77
22.9.	ARLINGTON THEATRE # 101 - NON SELLABLE INVENTORY, INCLUDING SODA BIBS, ICEE BIBS, CONDIMENTS, PAPER & PLASTIC, NON SELLABLE FOOD & BEVERAGE, AND JANITORIAL CHEMICALS & SUPPLIES	1/1/2024	\$13,122.91	COST	\$13,122.91
22.10.	ARLINGTON THEATRE # 101 - SELLABLE INVENTORY - FOOD & BEVERAGE & NON SELLABLE FOOD & BEVERAGE	3/1/2024	\$26,649.23	COST	\$26,649.23
22.11.	FAIRVIEW 3 THEATRE # 182 - NON SELLABLE INVENTORY, INCLUDING SODA BIBS, ICEE BIBS, CONDIMENTS, PAPER & PLASTIC, NON SELLABLE FOOD & BEVERAGE, AND JANITORIAL CHEMICALS & SUPPLIES	1/1/2024	\$15,309.26	COST	\$15,309.26
22.12.	FAIRVIEW 3 THEATRE # 182 - SELLABLE INVENTORY - FOOD & BEVERAGE	3/1/2024	\$3,609.06	COST	\$3,609.06

23. Total of part 5

Add lines 19 through 22. Copy the total to line 84.

\$181,809.97

24. Is any of the property listed in Part 5 perishable?

- ☐ No
☒ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
☒ Yes Book value: \$31,890.19 Valuation method: COST Current value: \$31,890.19

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor **Metropolitan Theatres Corporation**Case number (if known) **24-11569****Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
28.1. _____	\$ _____	_____	\$ _____
29. Farm animals. Examples: Livestock, poultry, farm-raised fish			
29.1. _____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
30.1. _____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
31.1. _____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
32.1. _____	\$ _____	_____	\$ _____
33. Total of part 6			<div>\$0.00</div>

Add lines 28 through 32. Copy the total to line 85.

34. Is the debtor a member of an agricultural cooperative?

- ☐ No
☐ Yes. Is any of the debtor's property stored at the cooperative?
☐ No
☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
☐ Yes Book value: \$ _____ Valuation method: _____ Current value: \$ _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☐ No
☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
39.1. OFFICE FURNITURE & FIXTURES	\$25,652.53	Net Book Value	\$25,652.53

Debtor **Metropolitan Theatres Corporation**Case number (if known) **24-11569****40. Office fixtures**

40.1. SEE, RESPONSE AT PART 7, NO. 39 \$ _____ \$ _____

41. Office equipment, including all computer equipment and communication systems equipment and software

	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.1. SEE, RESPONSE AT PART 7, NO. 39	\$ _____	_____	\$ _____

42. Collectibles. Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

42.1. _____ \$ _____ \$ _____

43. Total of part 7

Add lines 39 through 42. Copy the total to line 86.

\$25,652.53

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☐ No
☒ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available) (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. 2015 TOWN AND COUNTRY VAN	UNDETERMINED	_____	UNDETERMINED
47.2. 2022 BMW 530E SEDAN - OWNED	\$47,894.00	Net Book Value	\$47,894.07
48. Watercraft, trailers, motors, and related accessories. Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1. _____	\$ _____	_____	\$ _____
49. Aircraft and accessories			
49.1. _____	\$ _____	_____	\$ _____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
50.1. CARPETS & DRAPES	\$85.18	Net Book Value	\$85.18
50.2. CONCESSION EQUIPMENT	\$1,885.02	Net Book Value	\$1,885.02
50.3. MARQUEES	\$6,410.99	Net Book Value	\$6,410.99
50.4. PROJECTOR EQUIPMENT	\$192,646.09	Net Book Value	\$192,646.09
50.5. SEATS	\$5,605.46	Net Book Value	\$5,605.46
50.6. THEATRE EQUIPMENT	\$36,622.26	Net Book Value	\$36,622.26

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

51. Total of part 8

Add lines 47 through 50. Copy the total to line 87.

\$291,149.07

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☒ Yes. Fill in the information below.

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
--	--	--	---	------------------------------------

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

55.1.	LEASEHOLD	\$		\$
CORPORATE OFFICES				
8727 WEST 3RD STREET 3RD FLOOR LOS ANGELES CA 90048				
55.2.	LEASEHOLD	\$		\$
ARLINGTON THEATRE #101				
1317 STATE STREET SANTA BARBARA CA 93101				
55.3.	LEASEHOLD	\$		\$
CAMINO REAL CINEMA 6 #183				
7040 MARKETPLACE DRIVE GOLETA CA 93117				
55.4.	LEASEHOLD	\$		\$
FAIRVIEW 3 THEATRE #182				
225 NORTH FAIRVIEW AVENUE GOLETA CA 93117				
55.5.	LEASEHOLD	\$		\$
FIESTA 5 THEATRE #102				
916 STATE STREET SANTA BARBARA CA 93101				

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.	Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest				
55.6.	_____ METRO 4 THEATRE #104 618 STATE STREET SANTA BARBARA CA 93101	LEASEHOLD	\$ _____	_____	\$ _____
55.7.	_____ PASEO NUEVO THEATRE #105 8 WEST DE LA GUERRA PLACE SANTA BARBARA CA 93101	LEASEHOLD	\$ _____	_____	\$ _____
55.8.	_____ PLAZA DE ORO THEATRE #151 371 HITCHCOCK WAY SANTA BARBARA CA 93105	LEASEHOLD	\$ _____	_____	\$ _____
55.9.	_____ CALEXICO 10 THEATR #301 2441 SCARONI ROAD CALEXICO CA 92231	LEASEHOLD	\$ _____	_____	\$ _____
55.10.	_____ PARK TWIN THEATRE #006 6504 PACIFIC BLVD. HUNTINGTON PARK CA 90255	LEASEHOLD	\$ _____	_____	\$ _____
55.11.	_____ PARKING LOTS 916, 918 & 920 STATE STREET SANTA BARBARA CA 93101	LEASEHOLD	\$ _____	_____	\$ _____
55.12.	_____ PARKING LOTS HUNTINGTON PARK CA	LEASEHOLD	\$ _____	_____	\$ _____
55.13.	_____ RETAIL PROPERTY 920 STATE STREET SANTA BARBARA CA 93101		\$ _____	_____	\$ _____

56. Total of part 9

Add the current value on lines 55. Copy the total to line 88.

\$0.00

Debtor **Metropolitan Theatres Corporation**Case number (if known) **24-11569****57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes. Fill in the information below.

General description		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets				
60.1.	MXL (STATE TM) COLORADO	\$0.00	_____	UNDETERMINED
60.2.	MXL (STATE TM) CALIFORNIA	\$0.00	_____	UNDETERMINED
60.3.	MXL (STATE TM) UTAH	\$0.00	_____	UNDETERMINED
60.4.	M REWARDS (STATE TM) COLORADO	\$0.00	_____	UNDETERMINED
60.5.	M REWARDS (STATE TM) CALIFORNIA	\$0.00	_____	UNDETERMINED
60.6.	M REWARDS (STATE TM) UTAH	\$0.00	_____	UNDETERMINED
60.7.	MXL (FEDERAL TM) FEDERAL	\$0.00	_____	UNDETERMINED
60.8.	M REWARDS (FEDERAL TM) FEDERAL	\$0.00	_____	UNDETERMINED
60.9.	SCRIPTED BAR & KITCHEN (FEDERAL TM) FEDERAL	\$0.00	_____	UNDETERMINED
61. Internet domain names and websites				
		Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.1.	ARLINGTONSB.COM	\$0.00	_____	UNDETERMINED
61.2.	ARLINGTONTHEATERSB.COM	\$0.00	_____	UNDETERMINED
61.3.	ARLINGTONTHEATRESB.COM	\$0.00	_____	UNDETERMINED
61.4.	CINEMAITHELP.COM	\$0.00	_____	UNDETERMINED
61.5.	METROLUX14.COM	\$0.00	_____	UNDETERMINED
61.6.	METROLUXTHEATERS.COM	\$0.00	_____	UNDETERMINED
61.7.	METROLUXTHEATRES.COM	\$0.00	_____	UNDETERMINED
61.8.	METROPOLITANTHEATRES.COM	\$0.00	_____	UNDETERMINED
61.9.	METROTHEATRES.COM	\$0.00	_____	UNDETERMINED
61.10.	MTHEATERS.COM	\$0.00	_____	UNDETERMINED
61.11.	MTHEATRES.COM	\$0.00	_____	UNDETERMINED
61.12.	SCRIPTEDBARANDKITCHEN.COM	\$0.00	_____	UNDETERMINED
62. Licenses, franchises, and royalties				
62.1.	SOFTWARE LICENSE AGREEMENTS - SEE, SCHEDULE G	\$4,597.90	Net Book Value	UNDETERMINED
62.2.	LIQUOR LICENSES	UNDETERMINED	_____	UNDETERMINED

Debtor **Metropolitan Theatres Corporation**Case number (if known) **24-11569**

62.3.	ROYALTY AGREEMENTS - SEE, SCHEDULE G	UNDETERMINED	_____	UNDETERMINED
63.	Customer lists, mailing lists, or other compilations			
63.1.	METROPOLITAN THEATRES - NEWSLETTER DATABASE	\$0.00	_____	UNDETERMINED
63.2.	M REWARDS - MEMBER DATABASE	\$0.00	_____	UNDETERMINED
63.3.	ARLINGTON THEATRES - NEWSLETTER DATABASE	\$0.00	_____	UNDETERMINED
63.4.	SCRIPTED BAR & KITCHEN - NEWSLETTER DATABASE	\$0.00	_____	UNDETERMINED
64.	Other intangibles, or intellectual property			
64.1.	_____	\$ _____	_____	\$ _____
65.	Goodwill			
65.1.	_____	\$ _____	_____	\$ _____

66. Total of part 10

Add lines 60 through 65. Copy the total to line 89.

UNDETERMINED

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

☐ No
☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No
☐ Yes

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.
☒ Yes. Fill in the information below.

**Current value of
debtor's interest****71. Notes receivable**

Description (include name of obligor)	Total face amount	Doubtful or uncollectible amount	Current value of debtor's interest
71.1. _____	\$ _____	- \$ _____	= → \$ _____

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)	Tax refund amount	NOL amount	Tax year	Current value of debtor's interest
72.1. CALIFORNIA FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531	\$ _____	\$17,728,597.00	THROUGH 2022	UNDETERMINED

73. Interests in insurance policies or annuities

Insurance company	Insurance policy No.	Annuity issuer name	Annuity account type	Annuity account No.	Current value of debtor's interest
-------------------	-------------------------	---------------------	-------------------------	------------------------	---------------------------------------

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

73.1. _____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

	Nature of claim	Amount requested	Current value of debtor's interest
74.1. ¹	PHILLIP FRIDEN	ACCOUNTS RECEIVABLE COLLECTION	\$130,000.00
			UNDETERMINED

¹INCLUDED AMOUNT OF \$128,092.00 IN RESPONSE TO PART 3, NO. 11

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

	Nature of claim	Amount requested	Current value of debtor's interest
75.1.	_____	\$ _____	\$ _____

76. Trusts, equitable or future interests in property

76.1. _____ \$ _____

77. Other property of any kind not already listed

Examples: Season tickets, country club membership

77.1. DODGERS BASEBALL TICKETS \$15,927.00

77.2. METRO FOUNDRY, LLC - AFFILIATE RECEIVABLE \$1,343,467.44

77.3. METRO NORTHWEST, LLC - AFFILIATE RECEIVABLE \$202,130.00

77.4. METROPOLITAN ROCKY MOUNTAIN CINEMAS, LLC - AFFILIATE RECEIVABLE \$31,560.85

77.5. 8727 WEST THIRD STREET LLC - AFFILIATE RECEIVABLE \$20,551.92

78. Total of part 11

Add lines 71 through 77. Copy the total to line 90.

\$1,613,637.21

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No

☐ Yes

Debtor **Metropolitan Theatres Corporation**Case number (if known) **24-11569****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$316,991.46	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$18,173.70	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$186,226.98	
83. Investments. <i>Copy line 17, Part 4.</i>	UNDETERMINED	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$181,809.97	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$25,652.53	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$291,149.07	
88. Real property. <i>Copy line 56, Part 9.</i>	→	<div>\$0.00</div>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	UNDETERMINED	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$1,613,637.21	
91. Total. Add lines 80 through 90 for each column.91a.	<div>\$2,633,640.92</div>	+ 91b. <div>\$0.00</div>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		<div>\$2,633,640.92</div>

Fill in this information to identify the case:

Debtor name: Metropolitan Theatres Corporation

United States Bankruptcy Court for the: Central District of California

Case number (if known): 24-11569

☐ Check if this is an
amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

**Column A
Amount of
Claim**

Do not deduct
the value of
collateral.

**Column B
Value of
collateral that
supports this
claim**

2.1. **Creditor's name and address**

AMERICAN RIVIERA BANK
1033 ANACAPA STREET
SANTA BARBARA CA 93101

Creditor's email address, if known

Date debt was incurred: _____

Last 4 digits of account number: _____

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Have you already specified the relative priority?

☒ No. Specify each creditor, including this creditor, and its relative priority.
THE U.S. SMALL BUSINESS
ADMINISTRATION HAS A FIRST
PRIORITY LIEN, SUPERIOR TO THE
LIEN OF AMERICAN RIVIERA BANK

☐ Yes. The relative priority of creditors is specified on lines: _____

Describe debtor's property that is subject to a lien

ALL FIXTURES AND ARTICLES OF
PERSONAL PROPERTY AND ALL
APPURTENANCES AND ADDITIONS
THERETO AND SUBSTITUTIONS OR
REPLACEMENTS OR PROCEEDS
THERETO OR THEREOF, NOW OR AT ANY
TIME HEREAFTER OWNED BY THE
GRANTOR AND/OR DEBTOR LOCATED AT
1317 STATE ST., SANTA BARBARA, CA
93101

\$5,200,000.00

UNDETERMINED

Describe the lien

UCC-1 RECORDED 09/04/2020 IN STATE OF
CALIFORNIA AS DOCUMENT NO.
U200016267831

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out Schedule H: Codebtors
(Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☒ Contingent

☐ Unliquidated

☐ Disputed

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

<p>2.2. Creditor's name and address</p> <p>U.S. SMALL BUSINESS ADMINISTRATION 1545 HAWKINS BLVD SUITE 202 EL PASO TX 79925</p> <p>Creditor's email address, if known</p> <hr/> <p>Date debt was incurred: April 2020 & June 2021</p> <p>Last 4 digits of account number:</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <hr/> <p><input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines: 2.1</p>	<p>Describe debtor's property that is subject to a lien</p> <p>ALL TANGIBLE AND INTANGIBLE PERSONAL PROPERTY, INCLUDING, BUT NOT LIMITED TO: (A) INVENTORY, (B) EQUIPMENT, (C) INSTRUMENTS, INCLUDING PROMISSORY NOTES (D) CHATTEL PAPER, INCLUDING TANGIBLE CHATTEL PAPER AND ELECTRONIC CHATTEL PAPER, (E) DOCUMENTS, (F) LETTER OF CREDIT RIGHTS, (G) ACCOUNTS, ETC.</p> <p>Describe the lien</p> <p>UCC-1 RECORDED 07/20/2020 IN STATE OF CALIFORNIA AS DOCUMENT NO. U200002562619</p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	<p>\$497,934.00</p>	<p>UNDETERMINED</p>
---	---	---------------------	---------------------

3. **Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** **\$5,697,934.00**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

	Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
3.1.	AMERICAN RIVIERA BANK PO BOX 329 SANTA BARBARA CA 93102	Line 2.1	<hr/>
3.2.	U.S. SMALL BUSINESS ADMINISTRATION OFFICE OF GENERAL COUNSEL 312 NORTH SPRING STREET 5TH FLOOR LOS ANGELES CA 90012	Line 2.2	<hr/>

Debtor **Metropolitan Theatres Corporation** Case number (if known) **24-11569**

3.3. US ATTORNEY
ELAN S. LEVEY
ASST. US ATTY/COUNSEL FOR SBA
300 N. LOS ANGELES STREET
FED. BLDG, RM 7516
LOS ANGELES CA 90012

Line 2.2 _____

Fill in this information to identify the case:

Debtor name: Metropolitan Theatres Corporation

United States Bankruptcy Court for the: Central District of California

Case number (if known): 24-11569

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1. ¹	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
	GIFT CARD LIABILITIES	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$401,981.00	UNDETERMINED
	Date or dates debt was incurred	Basis for the claim:		Nonpriority amount
	VARIOUS	GIFT CARD LIABILITY		UNDETERMINED
	Last 4 digits of account number:	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.2. ²	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Total claim	Priority amount
	PRE-PETITION EMPLOYER PAYROLL TAXES	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$29,944.00	\$29,944.00
	Date or dates debt was incurred	Basis for the claim:		Nonpriority amount
	VARIOUS	EMPLOYER EMPLOYEE TAXES		\$0.00
	Last 4 digits of account number:	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Metropolitan Theatres Corporation

Case number (if known) 24-11569

2.3.²

Priority creditor's name and mailing address

PRE-PETITION PAYROLL AT GROSS

Date or dates debt was incurred

VARIOUS

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim:11 U.S.C. § 507(a) (4)

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

EMPLOYEE WAGES

Is the claim subject to offset?

☒ No

☐ Yes

Total claim

\$102,145.33

Priority amount

\$102,145.33

Nonpriority amount

\$0.00

¹AS OF 12/31/2022 AND TO BE RECONCILED. SEE GLOBAL NOTES

²SUBJECT TO POST-PETITION PAYMENT PURSUANT TO ORDER, DOCKET NO. 91

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1.	Nonpriority creditor's name and mailing address 8727 WEST THIRD STREET LLC BONNIE FULLER 624 N FOOTHILL RD BEVERLY HILLS CA 90210 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$62,808.54
3.2.	Nonpriority creditor's name and mailing address 8X8, INC - FORMERLY FUZE PO BOX 848080 LOS ANGELES CA 90084-8080 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,702.90
3.3.	Nonpriority creditor's name and mailing address A PLUS REFRIGERATION-INC-CORP PO BOX 60437 SANTA BARBARA CA 93160 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,884.20

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.4.	Nonpriority creditor's name and mailing address A24 FILMS LLC PO BOX 8297 PASADENA CA 91109-8297 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,281.24
3.5.	Nonpriority creditor's name and mailing address ADT COMMERCIAL PO BOX 219044 KANSAS CITY MO 64121-9044 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$83.28
3.6.	Nonpriority creditor's name and mailing address AEGON USA REALTY ADVISORS, INC. 4333 EDGEWOOD ROAD, N.E. CEDAR RAPIDS IA 52499 Date or dates debt was incurred _____ Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: GUARANTY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$739,048.23

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.7.	Nonpriority creditor's name and mailing address AIRGAS NATIONAL CARBONATION PO BOX 734673 DALLAS TX 75373-4673 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$602.19
3.8.	Nonpriority creditor's name and mailing address ALLIED BEVERAGES PO BOX 842685 LOS ANGELES CA 90084-2685 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,770.67
3.9.	Nonpriority creditor's name and mailing address AMERICAN EXPRESS - CORP PO BOX 96001 LOS ANGELES CA 90096-8000 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,972.82

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.10.	Nonpriority creditor's name and mailing address ANGEL STUDIOS INC 295 W CTR ST PROVO UT 84601 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,996.96
3.11.	Nonpriority creditor's name and mailing address ARCADY DISTRIBUTING 100 ADAMS RD GOLETA CA 93117 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$309.50
3.12.	Nonpriority creditor's name and mailing address ARLINGTON THEATRE PROPERTY LLC 8727 W THIRD ST LOS ANGELES CA 90048 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TWO PROMISSORY NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,196,933.00

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.13.	Nonpriority creditor's name and mailing address ARLINGTON THEATRE PROPERTY LLC 8727 W THIRD ST LOS ANGELES CA 90048 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$30,604.00
3.14.	Nonpriority creditor's name and mailing address ASSOCIATED TIME ON DEMAND ASSOCIATED TIME ON DEMAND 565 WEST LAMBERT RD STE A BREA CA 92821 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,109.70
3.15.	Nonpriority creditor's name and mailing address BANKDIRECT CAPITAL FINANCE 150 NORTH FIELD DR STE 190 LAKE FOREST IL 60045 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$17,147.11

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.16.	Nonpriority creditor's name and mailing address BAY ALARM COMPANY-CORP	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$3,100.11
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
	Last 4 digits of account number:	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.17.	Nonpriority creditor's name and mailing address BETTER BEVERAGES, INC - CORP PO BOX 1399 BELLFLOWER CA 90707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$380.13
	Date or dates debt was incurred VARIOUS	Basis for the claim: ACCOUNTS PAYABLE	
	Last 4 digits of account number:	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.18.	Nonpriority creditor's name and mailing address BIG WORLD PICTURES	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$87.40
	Date or dates debt was incurred VARIOUS	Basis for the claim: DISTRIBUTOR PAYABLE	
	Last 4 digits of account number:	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.19.	Nonpriority creditor's name and mailing address BLEECKER STREET MEDIA, LLC PO BOX 411358 BOSTON MA 02241 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,939.87
3.20.	Nonpriority creditor's name and mailing address BLUE FOX ENTERTAINMENT 2 LLC 155 NORTH 400 WEST STE 400 SALT LAKE CITY UT 84103 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$125.21
3.21.	Nonpriority creditor's name and mailing address BRUCE CORWIN TRUST Date or dates debt was incurred _____ Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LOAN PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$854,629.00

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.22.	Nonpriority creditor's name and mailing address CALEXICO REDEVELOPMENT AGENCY-NO1099 FINANCE DIRECTOR 608 HEBER AVE CALEXICO CA 92231 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$20,000.00
3.23.	Nonpriority creditor's name and mailing address CAMINO REAL L.L.C. 1101 ANACAPA ST STE 250 SANTA BARBARA CA 93101 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$47,779.05
3.24.	Nonpriority creditor's name and mailing address CAMINO REAL L.L.C. - CORP 1101 ANACAPA ST STE 250 SANTA BARBARA CA 93101 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$455.42

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.25.	Nonpriority creditor's name and mailing address CHAMBERS & CHAMBERS 511 ALEXIS CT NAPA CA 94558 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,305.60
3.26.	Nonpriority creditor's name and mailing address CHAMBERS AND CHAMBERS WINE MERCHANTS 511 ALEXIS CT NAPA CA 94558 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,632.00
3.27.	Nonpriority creditor's name and mailing address CHANNEL CITY LUMBER 35 AERO CAMINO GOLETA CA 93117-3104 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$207.28

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.28.	Nonpriority creditor's name and mailing address CINEMA SOLUTIONS, INC. PO BOX 591789 SAN ANTONIO TX 78259 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,283.97
3.29.	Nonpriority creditor's name and mailing address CINEVERSE Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$70.53
3.30.	Nonpriority creditor's name and mailing address CINIONIC, INC - CORP PO BOX 889248 LOS ANGELES CA 90088 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,784.87

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.31.	Nonpriority creditor's name and mailing address CITY OF CALEXICO - ACCT 41907 608 HEBER AVE CALEXICO CA 92231 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$867.53
3.32.	Nonpriority creditor's name and mailing address CITY OF SANTA BARBARA 735 ANACAPA ST SANTA BARBARA CA 93101 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$50.00
3.33.	Nonpriority creditor's name and mailing address CITY OF SANTA BARBARA - ENVIRONMENTAL SERV. 735 ANACAPA ST SANTA BARBARA CA 93101 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$240.00

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.34.	Nonpriority creditor's name and mailing address CITY OF SANTA BARBARA - UTILITIES 735 ANACAPA ST SANTA BARBARA CA 93101 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,274.73
3.35.	Nonpriority creditor's name and mailing address CITY OF SANTA BARBARA POLICE DEPARTMENT 215 E. FIGUEROA ST. SANTA BARBARA CA 93101 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,230.00
3.36.	Nonpriority creditor's name and mailing address CITY OF SANTA BARBARA TRASH CITY OF SANTA BARBARA - UTILITIES 735 ANACAPA ST SANTA BARBARA CA 93101 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,580.29

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.37.	Nonpriority creditor's name and mailing address CITY OF SANTA BARBARA, TREAS.-NO1099 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$50,693.24
3.38.	Nonpriority creditor's name and mailing address COASTLINE ELECTRIC, INC.- CORP 7465 HOLLISTER #343 GOLETA CA 93117 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,510.00
3.39.	Nonpriority creditor's name and mailing address CONSTELLATION NEW ENERGY INC - CORP 100 CONSTELLATION WAY BALTIMORE MD 21202 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$52,010.91

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.40. ¹	Nonpriority creditor's name and mailing address CORWIN ASSOCIATES PARTNERSHIP 8727 W THIRD ST LOS ANGELES CA 90048 Date or dates debt was incurred _____ Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AFFILIATE UNSECURED LIABILITY Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,789,598.00
3.41.	Nonpriority creditor's name and mailing address COX COMMUNICATIONS SANTA BARBARA DEPT #880101 PO BOX 29650 PHOENIX AZ 85038-9650 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$233.80
3.42.	Nonpriority creditor's name and mailing address CROCKER REFRIGERATION HEATING & AIR - CORP 5531 EKWILL ST SANTA BARBARA CA 93111 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$15,388.65

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.43.	Nonpriority creditor's name and mailing address DAVES'S SIGNS-CORP 4773 ORTEGA ST UNIT C VENTURA CA 93003 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,334.20
3.44.	Nonpriority creditor's name and mailing address DELUXE ECHOSTAR LLC PO BOX 103375 PASADENA CA 91189 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$440.00
3.45.	Nonpriority creditor's name and mailing address DIGITAL CINEMA DISTRIBUTION COALITION LLC 11726 SAN VICENTE BLVD STE 660 LOS ANGELES CA 90049 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,820.00

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.46.	Nonpriority creditor's name and mailing address DISNEY PO BOX 732554 DALLAS TX 75373 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,071.00
3.47.	Nonpriority creditor's name and mailing address EASY ICE LLC PO BOX 879 MARQUETTE MI 49855 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$168.57
3.48.	Nonpriority creditor's name and mailing address EMICK MEDIA LLC PO BOX 572440 TARZANA CA 91357 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$28,718.39

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.49.	Nonpriority creditor's name and mailing address EMPLOYERS CHOICE ONLINE INC. - CORP 13210 FLORENCE AVE SANTA FE SPRINGS CA 90670 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$316.90
3.50.	Nonpriority creditor's name and mailing address EMR CONCESSION LLC 3815 MULE CREEK CT SAN BERNARDINO CA 92407 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,198.39
3.51.	Nonpriority creditor's name and mailing address ENTERTAINMENT STUDIOS MOTION PICTURES LLC GRISELDA GONZALEZ PO BOX 8457 PASADENA CA 91109-8457 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$108.15

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.52.	Nonpriority creditor's name and mailing address EVIRS, GRETCHEN 1240 GARDENIA ST OXNARD CA 93036 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$241.30
3.53.	Nonpriority creditor's name and mailing address EXPERIAN, EMPTECH - CORP PO BOX 841971 LOS ANGELES CA 90084-1971 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$755.00
3.54.	Nonpriority creditor's name and mailing address FATHOM EVENTS AC JV LLC PO BOX 734426 CHICAGO IL 60673-4426 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$9,243.48

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.55.	Nonpriority creditor's name and mailing address FEDERAL EXPRESS PO BOX 7221 PASADENA CA 91109-7321 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,676.28
3.56.	Nonpriority creditor's name and mailing address FISH WINDOW CLEANING-CORP 933 CASTILLO ST SANTA BARBARA CA 93101 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$520.00
3.57.	Nonpriority creditor's name and mailing address FOCUS FEATURES PO BOX 848270 DALLAS TX 75284 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,956.75

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.58.	Nonpriority creditor's name and mailing address FP MAILING SOLUTIONS PO BOX 157 BEDFORD PARK IL 60499-0157 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$162.95
3.59.	Nonpriority creditor's name and mailing address GARDA CL WEST, INC - CORP LOCKBOX 233209 3209 MOMENTUM PL CHICAGO IL 60689-5332 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,078.21
3.60.	Nonpriority creditor's name and mailing address GERARDO CHAVEZ GARDENING SERVICE PO BOX 732 SANTA BARBARA CA 93102 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$325.00

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.61.	Nonpriority creditor's name and mailing address GKIDS Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$27,145.08
3.62.	Nonpriority creditor's name and mailing address GOLDEN LINK - CORP 6 DEPOT STREET, SUITE 207 WASHINGTONVILLE NY 10992 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,926.44
3.63.	Nonpriority creditor's name and mailing address GOLETA WATER DISTRICT PO BOX 847 GOLETA CA 93116-0847 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$923.22

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.64.	Nonpriority creditor's name and mailing address GOOD LAND PLUMBING & CONSTRUCTIONS INC. - CORP 298 ORANGE AVE #A SANTA BARBARA CA 93117-3603 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,074.91
3.65.	Nonpriority creditor's name and mailing address GOYO'S LANDSCAPING 733 VILLA GRANDE ST CALEXICO CA 92231 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,350.00
3.66.	Nonpriority creditor's name and mailing address GRANITE TELECOMMUNICATIONS, LLC PO BOX 830103 PHILADELPHIA PA 19182 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,662.93

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.67.	Nonpriority creditor's name and mailing address GREENBURG, RICK 4545 CHAPPARAL DR CARPINTERIA CA 93013 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$172.86
3.68.	Nonpriority creditor's name and mailing address HEADLANDS ENTERPRISES, INC KELLY DOOLING 26511 MONTEBELLO PL MISSION VIEJO CA 92691 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$36,434.00
3.69.	Nonpriority creditor's name and mailing address HOME DEPOT CREDIT SERVICES DEPT XX-XXXXXX-7674 PO BOX 78047 PHOENIX AZ 85062-8047 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$369.10

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.70.	Nonpriority creditor's name and mailing address I.A.T.S.E. NATIONAL HEALTH & WELFARE FUND 55 WEST 39TH STREET, 5TH FLOOR NEW YORK NY 10018 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,700.07
3.71.	Nonpriority creditor's name and mailing address I.A.T.S.E. SB LOCAL 442 PO BOX 413 SANTA BARBARA CA 93102 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$599.16
3.72.	Nonpriority creditor's name and mailing address ICEE-USA CORP. PO BOX 515723 LOS ANGELES CA 90051 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$15,795.28

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.73.	Nonpriority creditor's name and mailing address IFC FILMS 27413 NETWORK PL CHICAGO IL 60673-1274 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,687.80
3.74.	Nonpriority creditor's name and mailing address IMPERIAL IRRIGATION DISTRICT 333 EAST BARIONI BLVD IMPERIAL CA 92251 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$12,945.81
3.75.	Nonpriority creditor's name and mailing address INDEPENDENT BANK P.O. BOX 3035 MCKINNEY TX 75070 Date or dates debt was incurred _____ Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: GUARANTY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,955,547.00

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.76.	Nonpriority creditor's name and mailing address INDEPENDENT BANK	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$20.00
	Date or dates debt was incurred VARIOUS	Basis for the claim: DISTRIBUTOR PAYABLE	
	Last 4 digits of account number:	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.77.	Nonpriority creditor's name and mailing address JANUS FILMS	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$257.06
	Date or dates debt was incurred VARIOUS	Basis for the claim: DISTRIBUTOR PAYABLE	
	Last 4 digits of account number:	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.78.	Nonpriority creditor's name and mailing address JJB FAMILY, LLC P.O. BOX 775184 STEAMBOAT SPRINGS CO 80477	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$21,500.00
	Date or dates debt was incurred _____	Basis for the claim: GUARANTY	
	Last 4 digits of account number:	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.79.	Nonpriority creditor's name and mailing address JORDANOS' INC PO BOX 6803 SANTA BARBARA CA 93160 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,512.35
3.80.	Nonpriority creditor's name and mailing address JOY EQUIPMENT PROTECTION, INC. PO BOX 1080 CARPINTERIA CA 93014 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$225.00
3.81.	Nonpriority creditor's name and mailing address KCV CLEANING PO BOX 1062 SANTA BARBARA CA 93102 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$10,500.00

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.82.	Nonpriority creditor's name and mailing address LINDE GAS AND EQUIPMENT INC. DEP LA 21511 PASADENA CA 91185-1511 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$700.85
3.83.	Nonpriority creditor's name and mailing address LIONSGATE ENTERTAINMENT LIONSGATE LOCKBOX 29159 4 CHASE METROTECH CTR 7TH FL EAST BROOKLYN NY 11245 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,678.15
3.84.	Nonpriority creditor's name and mailing address LOCKTON INSURANCE BROKERS, LLC DEPT LA 23878 PASADENA CA 91185-3878 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,435.00

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.85.	Nonpriority creditor's name and mailing address LOS ANGELES COUNTY TAX COLLECTOR SMALL BUSINESS ADMINISTRATION 225 N HILL ST #1 LOS ANGELES CA 90012 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$24,666.37
3.86.	Nonpriority creditor's name and mailing address LUMINOSITY ENTERTAINMENT Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$33.95
3.87.	Nonpriority creditor's name and mailing address MAGNOLIA FILMS Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$86.28

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.88.	Nonpriority creditor's name and mailing address MAIN FRAME/DARK SKY FILMS Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$253.51
3.89.	Nonpriority creditor's name and mailing address MAJOR PLUMBING CO, INC. 1279 SIMPSON WAY ESCONDIDO CA 92029 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,811.25
3.90.	Nonpriority creditor's name and mailing address MARBORG INDUSTRIES INC-CORP PO BOX 4127 SANTA BARBARA CA 93140-4127 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,552.41

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.91.	Nonpriority creditor's name and mailing address METRO FOUR THEATRE PROPERTY, LLC 8727 W THIRD ST LOS ANGELES CA 90048 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$80,869.46
3.92. ¹	Nonpriority creditor's name and mailing address METROLUX PARTNERSHIP 8727 W THIRD ST LOS ANGELES CA 90048 Date or dates debt was incurred _____ Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: AFFILIATE UNSECURED LIABILITY Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$371,929.11
3.93.	Nonpriority creditor's name and mailing address MGM PO BOX 94623 SEATTLE WA 98124 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,050.99

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.94.	Nonpriority creditor's name and mailing address MID-WEST WHOLESALE LIGHTING - CORP PO BOX 27339 LOS ANGELES CA 90027-4913 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$598.49
3.95.	Nonpriority creditor's name and mailing address MILPAS RENTAL INC. 6 NORTH MILPAS ST SANTA BARBARA CA 93103 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,011.60
3.96.	Nonpriority creditor's name and mailing address MOVING IMAGE TECHNOLOGIES LLC 17760 NEW HOPE ST STE B FOUNTAIN VALLEY CA 92708 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,291.36

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.97.	Nonpriority creditor's name and mailing address MUBI	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$233.28
	Date or dates debt was incurred VARIOUS	Basis for the claim: DISTRIBUTOR PAYABLE	
	Last 4 digits of account number:	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.98.	Nonpriority creditor's name and mailing address MUSIC BOX FILMS	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$293.46
	Date or dates debt was incurred VARIOUS	Basis for the claim: DISTRIBUTOR PAYABLE	
	Last 4 digits of account number:	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.99.	Nonpriority creditor's name and mailing address NEON RATED LLC PO BOX 8260 PASADENA CA 91109	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim \$11,072.60
	Date or dates debt was incurred VARIOUS	Basis for the claim: DISTRIBUTOR PAYABLE	
	Last 4 digits of account number:	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.100.	Nonpriority creditor's name and mailing address NETFLIX Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,331.15
3.101.	Nonpriority creditor's name and mailing address O'CONNOR PEST CONTROL 5569 EKWILL ST STE B GOLETA CA 93111 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$500.00
3.102.	Nonpriority creditor's name and mailing address O'CONNOR PRINT & PROMO PO BOX 483 ACTON CA 93510 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$634.85

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.103.	Nonpriority creditor's name and mailing address OPENTEXT INC. - CORP JP MORGAN LOCKBOX 24685 NETWORK PL CHICAGO IL 60673 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$439.26
3.104.	Nonpriority creditor's name and mailing address OSRAM SYLVANIA INC. - CORP. PO BOX 2114 CAROL STREAM IL 60132 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,899.93
3.105.	Nonpriority creditor's name and mailing address PACIFIC BEVERAGE CO PO BOX 392 OXNARD CA 93032 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,979.25

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.106.	Nonpriority creditor's name and mailing address PARAMOUNT PO BOX 748774 LOS ANGELES CA 90074-8774 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$26,783.37
3.107.	Nonpriority creditor's name and mailing address PEPSI-COLA COMPANY (CHICAGO) PEPSI-COLA LOCKBOX 1884 75 REMITTANCE DR STE 1884 CHICAGO IL 60675-1884 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$10,350.68
3.108.	Nonpriority creditor's name and mailing address PHILLIPS 66 CO/SYNCB PO BOX 669824 DALLAS TX 75266 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$429.61

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.109.	Nonpriority creditor's name and mailing address PLAZA DE ORO (DELAWARE) LLC MISSION HILL MANAGEMENT PO BOX 4218 SANTA BARBARA CA 93140 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$10,000.00
3.110.	Nonpriority creditor's name and mailing address POLAR BEAR SERVICES INC - CORP 7040 LONG CANYON RD SANTA MARIA CA 93454 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,203.52
3.111.	Nonpriority creditor's name and mailing address PROMAC IMAGE SYSTEMS CO. 1720 S VERMONT AVE LOS ANGELES CA 90006 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$112.67

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.112.	Nonpriority creditor's name and mailing address PROMENADE SHOPS - 10220472 LLC 220 EAST 42ND STREET 27TH FLOOR NEW YORK NY 10017 Date or dates debt was incurred _____ Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: GUARANTY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$27,410.00
3.113.	Nonpriority creditor's name and mailing address QUALITY WINDOWS, INC. -SANTA BARBARA 534 N MILPAS ST SANTA BARBARA CA 93103 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$346.25
3.114.	Nonpriority creditor's name and mailing address RANUCCI, PHIL 1230 FRANCISCAN CT #8 CARPINTERIA CA 93013 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$192.99

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.115.	Nonpriority creditor's name and mailing address REPROGRAPHICS, INC. - CORP 2600 CANTON CT STE E FORT COLLINS CO 80525 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$437.21
3.116.	Nonpriority creditor's name and mailing address REPUBLIC NATIONAL DISTRIBUTING LLC - CORP PO BOX 743564 LOS ANGELES CA 90074 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,669.55
3.117.	Nonpriority creditor's name and mailing address REPUBLIC PICTURES Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$110.78

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.118.	Nonpriority creditor's name and mailing address REPUBLIC SERVICES #467 PO BOX 78829 PHOENIX AZ 85062-8829 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$613.63
3.119.	Nonpriority creditor's name and mailing address ROADSIDE ATTRACTIONS, LLC PO BOX 511630 LOS ANGELES CA 90051-8185 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$307.21
3.120.	Nonpriority creditor's name and mailing address ROYAL PAPER CORPORATION 10232 PALM DR SANTA FE SPRINGS CA 90670 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$27,889.49

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.121.	Nonpriority creditor's name and mailing address RRM DESIGN GROUP 32332 CAMINO CAPISTRANO #205 SAN JUAN CAPISTRANO CA 92675 Date or dates debt was incurred _____ Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.122.	Nonpriority creditor's name and mailing address SABAN FILMS Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$372.72
3.123.	Nonpriority creditor's name and mailing address SANTA BARBARA INDEPENDENT, INC 1715 STATE ST SANTA BARBARA CA 93101 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,358.66

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.124.	Nonpriority creditor's name and mailing address SCATENA & ROSNER FILMS Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$47.78
3.125.	Nonpriority creditor's name and mailing address SMALL BUSINESS ADMINISTRATION PO BOX 3918 PORTLAND OR 97208 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: SHUTTERED VENUE OPERATOR GRANTS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.126.	Nonpriority creditor's name and mailing address SN REALTY CORP C/O ARCADIA MANAGEMENT GROUP FORMERLY BKM HOLIDAY VILLAGE, LLC P.O. BOX 10 SCOTTSDALE AZ 85252-0010 Date or dates debt was incurred _____ Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: GUARANTY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.127.	Nonpriority creditor's name and mailing address SN REALTY CORP C/O ARCADIA MANAGEMENT GROUP FORMERLY BKM HOLIDAY VILLAGE, LLC P.O. BOX 10 SCOTTSDALE AZ 85252-0010 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: GUARANTY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.128.	Nonpriority creditor's name and mailing address SO CAL GAS 555 WEST FIFTH ST LOS ANGELES CA 90013 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,538.22
3.129.	Nonpriority creditor's name and mailing address SONY PICTURES PO BOX 840550 DALLAS TX 75284-0550 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$13,292.19

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.130.	Nonpriority creditor's name and mailing address SOUTHERN CALIFORNIA CINETECH-CORP PO BOX 9849 CANOGA PARK CA 91309 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,580.00
3.131.	Nonpriority creditor's name and mailing address SOUTHERN CALIFORNIA EDISON 8631 RUSH ST ROSEMEAD CA 91770 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$37,568.48
3.132.	Nonpriority creditor's name and mailing address SOUTHERN GLAZER'S OF CA SOUTH 2501 HOOVER ST FILE 56002 LOS ANGELES CA 90007 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$14,718.08

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.133.	Nonpriority creditor's name and mailing address STAPLES ADVANTAGE - CORP PO BOX 660409 DALLAS TX 75266-0409 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$4,036.95
3.134.	Nonpriority creditor's name and mailing address SUPPLY SHOP - CORP 501 MAIN ST #455 ALEXANDRIA SD 57311 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$548.04
3.135.	Nonpriority creditor's name and mailing address THE AVENUE 6310 SAN VICENTE BLVD STE 500 LOS ANGELES CA 90048 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$9,400.31

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.136.	Nonpriority creditor's name and mailing address THE BOXOFFICE COMPANY LLC 63 COPPS HILL RD RIDGEFIELD CT 06877 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,950.00
3.137.	Nonpriority creditor's name and mailing address THE FOUNDRY THEATER, LLC 3528 PRECISION DRIVE SUITE 100 FORT COLLINS CO 80528 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: GUARANTY Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$31,560.00
3.138.	Nonpriority creditor's name and mailing address THE PAVILION 200 EAST CARRILLO ST STE 200 SANTA BARBARA CA 93101 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$54,872.77

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.139.	Nonpriority creditor's name and mailing address THYSSENKRUPP ELEVATOR CORP. PO BOX 3796 CAROL STREAM IL 60132-3796 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$7,491.46
3.140.	Nonpriority creditor's name and mailing address TOGNAZZINI BEVERAGE SERVICE - CORP 241 ROEMER WAY SANTA MARIA CA 93454 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$199.49
3.141.	Nonpriority creditor's name and mailing address TOWERSTREAM CORPORATION PO BOX 414061 BOSTON MA 02241-4061 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$653.00

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.142.	Nonpriority creditor's name and mailing address TRAFALGAR RELEASING Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$392.88
3.143.	Nonpriority creditor's name and mailing address UNIVERSAL PO BOX 848270 DALLAS TX 75284 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,465.77
3.144.	Nonpriority creditor's name and mailing address VALLEY VISTA SERVICES INC 17445 E RAILROAD ST CITY OF INDUSTRY CA 91748 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,150.54

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.145.	Nonpriority creditor's name and mailing address VELOCITY, A MANAGED SERVICES COMPANY - CORP PO BOX 631310 CINCINNATI OH 45263 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,064.98
3.146.	Nonpriority creditor's name and mailing address VERIFONE, INC. PO BOX 854060 MINNEAPOLIS MN 55485 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,220.00
3.147.	Nonpriority creditor's name and mailing address VERIZON PO BOX 660108 DALLAS TX 75266-0108 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,445.56

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.148.	Nonpriority creditor's name and mailing address VERTICAL ENTERTAINMENT DEPT LA 25398 PASADENA CA 91185 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$774.34
3.149.	Nonpriority creditor's name and mailing address VISTA ENTERTAINMENT SOLUTIONS (USA), INC. 335 N MAPLE DR STE 150 BEVERLY HILLS CA 90201 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$55,614.42
3.150.	Nonpriority creditor's name and mailing address VISTAR PO BOX 951080 DALLAS TX 75395 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$72,351.14

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

3.151.	Nonpriority creditor's name and mailing address VIVA PICTURES DISTRIBUTION 1539 WESTWOOD BLVD LOS ANGELES CA 90024 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,244.67
3.152.	Nonpriority creditor's name and mailing address WARNER BROS. FINANCIAL ADMINISTRATION PO BOX 2910 TOLUCA LAKE CA 91610 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISTRIBUTOR PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,919.44
3.153.	Nonpriority creditor's name and mailing address WEST COAST ARCHIVES, LLC 1816 OAK ST LOS ANGELES CA 90015 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ACCOUNTS PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$500.02

¹AS OF 12/31/2023

Debtor **Metropolitan Theatres Corporation**Case number (if known) **24-11569****Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
ALLEN MATKINS LECK GAMBLE MALLORY & NATSIS LLP IVAN M GOLD THREE EMBARCADERO CENTER, 12TH FLOOR SAN FRANCISCO CA 94111-4074	Part 2 line 3.23	
ALLEN MATKINS LECK GAMBLE MALLORY & NATSIS LLP IVAN M GOLD THREE EMBARCADERO CENTER, 12TH FLOOR SAN FRANCISCO CA 94111-4074	Part 2 line 3.24	
CITY OF SANTA BARBARA - ENVIRONMENTAL SERV. 801 GARDEN STREET # 200 SANTA BARBARA CA 93101	Part 2 line 3.33	
PARAMOUNT PICTURES CORPORATION MICOL GREEN, VP LEGAL AFFAIRS THEATRICAL DISTRIBUTION 5555 MELROSE AVENUE ARZNER BUILDING #207 LOS ANGELES CA 90038	Part 2 line 3.106	
U.S. SMALL BUSINESS ADMINISTRATION OFFICE OF GENERAL COUNSEL 312 NORTH SPRING STREET 5TH FLOOR LOS ANGELES CA 90012	Part 2 line 3.125	
US ATTORNEY ELAN S. LEVEY ASST. US ATTY/COUNSEL FOR SBA 300 N. LOS ANGELES STREET FED. BLDG, RM 7516 LOS ANGELES CA 90012	Part 2 line 3.125	

Debtor Metropolitan Theatres Corporation

Case number (if known) 24-11569

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$534,070.33
5b. Total claims from Part 2	5b. +	\$9,088,736.00
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$9,622,806.33

Fill in this information to identify the case:

Debtor name: Metropolitan Theatres Corporation

United States Bankruptcy Court for the: Central District of California

Case number (if known): 24-11569

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2.	List all contracts and unexpired leases	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1.	<p>Title of contract LEASE AND LEASE EXTENSION</p> <p>State what the contract or lease is for REAL PROPERTY LEASE - CORPORATE OFFICES - 8727 WEST 3RD STREET, 3RD FLOOR, LOS ANGELES, CA 90048</p> <p>Nature of debtor's interest LESSEE</p> <p>State the term remaining CONFIDENTIAL</p> <p>List the contract number of any government contract _____</p>	<p>8727 WEST THIRD STREET LLC BONNIE FULLER 624 N FOOTHILL RD BEVERLY HILLS CA 90210</p>
2.2.	<p>Title of contract SPECIAL EVENTS - NETWORK AFFILIATE AGREEMENT AND AS AMENDED</p> <p>State what the contract or lease is for DISTRIBUTION OF ALTERNATIVE THEATRICAL CONTENT - 13 LOCATIONS IDENTIFIED IN EXHIBIT B</p> <p>Nature of debtor's interest CONTRACT PARTY</p> <p>State the term remaining 12/31/2022 WITH AUTOMATIC 1 - YEAR RENEWALS; 90 - DAYS WRITTEN NOTICE TO TERMINATE</p> <p>List the contract number of any government contract _____</p>	<p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>AC JV, LLC FATHOM ATTENTION: SVP OPERATIONS 6465 S GREENWOOD PLAZA BLVD GREENWOOD VILLAGE IL 80111</p>
2.3.	<p>Title of contract CARVEOUT GUARANTEE AND INDEMNITY AGREEMENT</p> <p>State what the contract or lease is for _____</p> <p>Nature of debtor's interest GUARANTOR</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p>	<p>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</p> <p>AEGON USA REALTY ADVISORS, INC. 4333 EDGEWOOD RD NE CEDAR RAPIDS IA 52499</p>

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

- 2.4. **Title of contract** COMMERCIAL BUSINESS INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** WORKERS' COMPENSATION - POLICY NO.: WC 7 33811277
- Nature of debtor's interest** INSURED AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA 151 N FRANKLIN ST. CHICAGO IL 60606
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.5. **Title of contract** GUARANTY AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** GUARANTOR AMERICAN RIVIERA BANK PO BOX 329 SANTA BARBARA CA 93102
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.6. **Title of contract** COMMERCIAL BUSINESS INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CYBER - POLICY NO. C-4LRK-044811-CYBER-2023
- Nature of debtor's interest** INSURED ARCH SPECIALTY INS. CO.; 210 HUDSON ST SUITE 300 JERSEY CITY NJ '07311
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.7. **Title of contract** LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** REAL PROPERTY LEASE - ARLINGTON THEATRE #101 - 1317 STATE STREET, , SANTA BARBARA, CA 93101
- Nature of debtor's interest** LESSEE ARLINGTON THEATRE PROPERTY, LLC
- State the term remaining** CONFIDENTIAL ATTN DAVID CORWIN 8727 W THIRD ST LOS ANGELES CA 90048
- List the contract number of any government contract** _____
- 2.8. **Title of contract** SUBSCRIBER TERMS **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES
- Nature of debtor's interest** CONTRACT PARTY ASANA, INC.
- State the term remaining** ON 30 - DAYS WRITTEN NOTICE
- List the contract number of any government contract** _____

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

- 2.9. **Title of contract** COMMERCIAL BUSINESS INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CYBER - POLICY NO. C-4LRK-044811-CYBER-2023
- Nature of debtor's interest** INSURED ASCOT SPECIALY INS. CO.
212 MAPLE AVE
RED BANK NJ '07701-1758
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.10. **Title of contract** AWS SERVICE TERMS **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES - SOFTWARE LICENSE
- Nature of debtor's interest** LICENSEE AWS
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.11. **Title of contract** PROJECT MANAGEMENT INSTALLATION AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES - FILM SCREEN CONVERSION - 74 - SCREENS
- Nature of debtor's interest** CONTRACT PARTY BARCO, INC
DIGITAL CINEMA DIVISION
11101 TRADE CENTER DR.
RANCHO CORDOVA CA 95670
- State the term remaining** NOT STATED
- List the contract number of any government contract** _____
- 2.12. **Title of contract** EQUIPMENT WARRANTY AND SUPPORT AGREEMENT AND AS AMENDED **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EQUIPMENT - MAINTENANCE
- Nature of debtor's interest** CONTRACT PARTY BARCO, INC
DIGITAL CINEMA DIVISION
11101 TRADE CENTER DR.
RANCHO CORDOVA CA 95670
- State the term remaining** 10 - YEARS FROM DEPLOYMENT OF LAST DIGITAL CAMERA PROJECTION
- List the contract number of any government contract** _____
- 2.13. **Title of contract** JOINT MARKETING AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EQUIPMENT - PURCHASE
- Nature of debtor's interest** CONTRACT PARTY BARCO, INC
DIGITAL CINEMA DIVISION
11101 TRADE CENTER DR.
RANCHO CORDOVA CA 95670
- State the term remaining** NOT STATED
- List the contract number of any government contract** _____

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

- 2.14. **Title of contract** BEVERAGE SALES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** REQUIREMENTS CONTRACT - SERVICES - BEVERAGE - 15 LOCATIONS IDENTIFIED IN EXHIBIT A
- Nature of debtor's interest** CONTRACT PARTY BOTTLING GROUP, LLC
ATTN: DIRECTOR, FOODSERVICE
6261 CABALLERO BLVD
BUENA PARK CA 90620
- State the term remaining** 4/30/2022 OR EXTENDED UNTIL VOLUME THRESHOLD MET WITH 30 - DAYS WRITTEN NOTICE TO TERMINATE
- List the contract number of any government contract** _____
- 2.15. **Title of contract** THEATRICAL EXHIBITION LICENSE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES - THEATRE - MOTION PICTURE EXHIBITOR
- Nature of debtor's interest** EXHIBITOR / LICENSEE BUENA VISTA PICTURES
DISTRIBUTION
- State the term remaining** VARIOUS
- List the contract number of any government contract** _____
- 2.16. **Title of contract** LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** REAL PROPERTY LEASE - CAMINO REAL CINEMA 6 #183 - 7040 MARKETPLACE DRIVE, , GOLETA, CA 93117
- Nature of debtor's interest** LESSEE CAMINO REAL LIMITED LIABILITY
COMPANY
1125 VEREDA DEL CIERVO
GOLETA CA 93117
- State the term remaining** CONFIDENTIAL
- List the contract number of any government contract** _____
- 2.17. **Title of contract** AGREEMENT AND QUOTE NO. 00178546 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES - SOFTWARE LICENSE
- Nature of debtor's interest** CONTRACT PARTY CARBONITE, INC.
- State the term remaining** NOT STATED
- List the contract number of any government contract** _____
- 2.18. **Title of contract** DIGITAL CONTENT MANAGEMENT AND SUPPORT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** HARDWARE & SOFTWARE MARKETING FOR 15 - THEATRES IDENTIFIED IN EXHIBIT F
- Nature of debtor's interest** CONTRACT PARTY CINEMA SCENE MARKETING &
PROMOTIONS
A DIVISION OF VISION MEDIA
9200 INDIAN CREEK PKWY #200
OVERLAND PARK KS 66210
- State the term remaining** 4/30/2022 WITH AUTOMATIC 1 - YEAR RENEWALS; TERMINATED ON 90 - DAYS WRITTEN NOTICE
- List the contract number of any government contract** _____

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

- 2.19. **Title of contract** LETTER OF AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** TAKEOVER CAMPAIGN SERVICES
- Nature of debtor's interest** CONTRACT PARTY CINEMA SCENE MARKETING & PROMOTIONS
- State the term remaining** 3/31/2022 WITH AUTOMATIC WITH AUTOMATIC 1 - YEAR RENEWALS; TERMINATED ON 60 - DAYS WRITTEN NOTICE A DIVISION OF VISION MEDIA
9200 INDIAN CREEK PKWY #200
OVERLAND PARK KS 66210
- List the contract number of any government contract** _____
- 2.20. **Title of contract** PO TEMPLATE - METRO22DECEW **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EXTENDED WARRANTY - MULTIPLE THEATRES
- Nature of debtor's interest** CONTRACT PARTY CINIONIC INC.
- State the term remaining** 12/26/2023 NOW KNOWN AS BARCO
PO BOX 889248
LOS ANGELES CA 90088
- List the contract number of any government contract** _____
- 2.21. **Title of contract** PO TEMPLATE - METROHQ22 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EXTENDED WARRANTY - 285 EAST 3RD STREET
- Nature of debtor's interest** CONTRACT PARTY CINIONIC INC.
- State the term remaining** 12/26/2022 NOW KNOWN AS BARCO
PO BOX 889248
LOS ANGELES CA 90088
- List the contract number of any government contract** _____
- 2.22. **Title of contract** PO TEMPLATE - METRO-SC23 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EXTENDED WARRANTY - 101 W AVENIDA VISTA HERMOSA
- Nature of debtor's interest** CONTRACT PARTY CINIONIC INC.
- State the term remaining** 8/20/2024 NOW KNOWN AS BARCO
PO BOX 889248
LOS ANGELES CA 90088
- List the contract number of any government contract** _____
- 2.23. **Title of contract** LEASE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** REAL PROPERTY LEASE - CALEXICO 10 THEATR #301 - 2441 SCARONI ROAD, , CALEXICO, CA 92231
- Nature of debtor's interest** LESSEE CITY OF CALEXICO
- State the term remaining** CONFIDENTIAL 608 HEBER AVENUE
CALEXICO CA 92231
- List the contract number of any government contract** _____

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

- | | | | |
|-------|---|---|---|
| 2.24. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | LEASE
REAL PROPERTY LEASE - 916, 918 & 920 STATE ST., SANTA BARBARA, CA 93101 - PARKING
LESSEE
CONFIDENTIAL
CITY AGREEMENT 21 , 501 | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
CITY OF SANTA BARBARA
CITY CLERK
P.O. BOX 1990
SANTA BARBARA CA 93102-1990 |
| 2.25. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | COMCAST BUSINESS SERVICE ORDER AGREEMENT - ORDER OID-0008526860
SERVICES - COMMUNICATIONS - LOVELAND, CO
CONTRACT PARTY
6/28/2026
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
COMCAST BUSINESS
ATTN LEGAL DEPT
COMCAST CENTER
1701 JFK BLVD.
PHILADELPHIA PA 19103 |
| 2.26. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | COMMERCIAL BUSINESS INSURANCE
PROPERTY - POLICY NO.: 7033785702
INSURED

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
CONTINENTAL CASUALTY COMPANY
151 N FRANKLIN ST.
CHICAGO IL 60606 |
| 2.27. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | STANDARD INDUSTRIAL/COMMERCIAL MULTI-TENANT LEASE - GROSS
REAL PROPERTY LEASE - FIESTA 5 THEATRE #102 - 916 STATE STREET, , SANTA BARBARA, CA 93101
LESSEE
CONFIDENTIAL
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
COOKIE PLUG SB, INC.
ATTN ANNETTE RODRIGUES |
| 2.28. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | COMMERCIAL SERVICES AGREEMENT DATED 10/26/2022
SERVICES - COMMUNICATIONS/UTILITY - ARLINGTON - 1317 STATE ST
CONTRACT PARTY
NOT STATED
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
COX BUSINESS
ATTN LEGAL DEPT
6205-B PEACHTREE DUNWOODY ROAD NE
ATLANTA GA 30328 |

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

- | | | | |
|-------|---|---|---|
| 2.29. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | END USER AGREEMENT
LICENSE AGREEMENT - CHANNEL PARTNER SUPPORT AGREEMENT
LICENSEE
ON 30 - DAYS WRITTEN NOTICE
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
CRADLEPOINT
1100 W. IDAHO STREET
SUITE 800
BOISE ID 83702-5389 |
| 2.30. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | FOUNTAIN SUPPORT AGREEMENT AND AS AMENDED
SERVICES - BEVERAGE PROMOTIONS
CONTRACT PARTY
12/31/2023 WITH TERMINATION ON 90 - DAYS NOTICE
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
DR PEPPER/SEVEN UP, INC.
A KEURIG DR PEPPER COMPANY
5301 LEGACY DRIVE
PLANO TX 75024-3109 |
| 2.31. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | LEASE AND AS AMENDED & SUPPLEMENTED
REAL PROPERTY LEASE - FAIRVIEW 3 THEATRE #182 - 225 NORTH FAIRVIEW AVENUE, , GOLETA, CA 93117
LESSEE
CONFIDENTIAL
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
FAIRVIEW SHOPPING CENTER LLC
FINANCIAL MANAGEMENT GROUP
345 NORTH MAPLE DR STE 284
BEVERLY HILLS CA 90210 |
| 2.32. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | COMMERCIAL BUSINESS INSURANCE
MANAGEMENT LIABILITY - POLICY NO.: 8261-9019
INSURED

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
FEDERAL INSURANCE COMPANY
275 BATTERY ST FL 12
SAN FRANCISCO CA 94111-3305 |
| 2.33. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | TERMS OF SERVICE EFFECTIVE 11/20/2023
SERVICES - SOFTWARE LICENSE
LICENSEE
THROUGH CURRENT SUBSCRIPTION TERM (NOT STATED) WITH AUTOMATIC RENEWALS; TERMINATED ON 60 - DAYS WRITTEN NOTICE
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
FRESHWORKS, INC. |

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

- 2.34. **Title of contract** COMMERCIAL LEASE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** REAL PROPERTY LEASE - 920 STATE ST., SANTA BARBARA, CA 93101
- Nature of debtor's interest** LESSOR **FUENTES, STEVEN AND ANDREW GONZALES**
- State the term remaining** CONFIDENTIAL **DBA 805 UNIVERSITY**
- List the contract number of any government contract** _____ **805 UNIVERSITY**
SANTA BARBARA CA 93101
- 2.35. **Title of contract** ORDER FORM NO. 20151202175441-38 AND RENEWAL **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES - HARDWARE & SOFTWARE LICENSE - 8727 WEST THIRD ST
- Nature of debtor's interest** LICENSEE **FUZE, INC.**
- State the term remaining** NOT STATED **PO BOX 347284**
PITTSBURGH PA 15251
- List the contract number of any government contract** _____
- 2.36. **Title of contract** ORDER FORM NO. 20190422101100-7 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES - HARDWARE & SOFTWARE LICENSE - LOVELAND, CO
- Nature of debtor's interest** LICENSEE **FUZE, INC.**
- State the term remaining** NOT STATED **PO BOX 347284**
PITTSBURGH PA 15251
- List the contract number of any government contract** _____
- 2.37. **Title of contract** CLIENT TERMS & CONDITIONS **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** GOODS - PURCHASE
- Nature of debtor's interest** CONTRACT PARTY **GHA TECHNOLOGIES, INC**
- State the term remaining** NOT STATED
- List the contract number of any government contract** _____
- 2.38. **Title of contract** DOMAIN NAME REGISTRATION AGREEMENT EFFECTIVE 12/8/2022 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES - DOMAIN NAME REGISTRATION
- Nature of debtor's interest** REGISTRANT **GOOGLE LLC**
- State the term remaining** UNTIL TERMINATED **ATTN LEGAL DEPT**
1600 AMPHITHEATRE PARKWAY
MOUNTAIN VIEW CA 94043
- List the contract number of any government contract** _____

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

- | | | | |
|-------|---|--|---|
| 2.39. | Title of contract

State what the contract or lease is for

Nature of debtor's interest

State the term remaining

List the contract number of any government contract | GOOGLE WORKSPACE TERMS OF SERVICE DATED 11/16/2023

SERVICES - SLA

CONTRACT PARTY

UNTIL TERMINATED

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

GOOGLE LLC
ATTN LEGAL DEPT
1600 AMPHITHEATRE PARKWAY
MOUNTAIN VIEW CA 94043 |
| 2.40. | Title of contract

State what the contract or lease is for

Nature of debtor's interest

State the term remaining

List the contract number of any government contract | TERMS OF SERVICE

SERVICES - SOFTWARE LICENSE

LICENSEE

UNTIL TERMINATED

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

GOTO
ATTN LEGAL DEPT
333 SUMMER STREET, 5TH FLOOR
BOSTON MA 02210 |
| 2.41. | Title of contract

State what the contract or lease is for

Nature of debtor's interest

State the term remaining

List the contract number of any government contract | COMMUNICATION PROVIDER NEW ACCOUNT & NETWORK INTEGRATION

SERVICES - COMMUNICATIONS

CONTRACT PARTY

NOT STATED

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

GRANITE TELECOMMUNICATIONS LLC
ATTN LEGAL DEPT
PO BOX 830103
PHILADELPHIA PA 19182 |
| 2.42. | Title of contract

State what the contract or lease is for

Nature of debtor's interest

State the term remaining

List the contract number of any government contract | GROUP SIZE ATTESTATION

EMPLOYEE BENEFITS - INSURANCE

CONTRACT PARTY

NOT STATED

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

HEALTH NET OF CALIFORNIA INC.
LEGAL DEPT
21281 BURBANK BLVD
WOODLAND HILLS CA 91367 |
| 2.43. | Title of contract

State what the contract or lease is for

Nature of debtor's interest

State the term remaining

List the contract number of any government contract | CONTINUING GUARANTY

GUARANTOR

_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

INDEPENDENT BANK
PO BOX 3035
MCKINNEY TX 75070 |

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

- 2.44. **Title of contract** GUARANTEE OF LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** GUARANTOR JJB FAMILY, LLC
P.O. BOX 775184
STEAMBOAT SPRINGS CO 80477
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.45. **Title of contract** JANITORIAL SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES - ARLINGTON THEATRE - 1317 STATE STREET
- Nature of debtor's interest** CONTRACT PARTY KVC
ATTN: ERNESTO VALENCIA
PO BOX 1062
SANTA BARBARA CA 93101
- State the term remaining** 4/30/2024 WITH AUTOMATIC 1 - MONTH RENEWALS;
TERMINATED ON 30 - DAYS WRITTEN NOTICE
- List the contract number of any government contract** _____
- 2.46. **Title of contract** TERMS OF SERVICE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES - SOFTWARE LICENSE
- Nature of debtor's interest** LICENSEE LASTPASS US LP
ATTN LEGAL DEPT
333 SUMMER STREET
BOSTON MA 02210
- State the term remaining** THROUGH CURRENT SUBSCRIPTION TERM (NOT
STATED) WITH AUTOMATIC 1 - YEARS RENEWALS;
TERMINATED ON 30 - DAYS WRITTEN NOTICE
- List the contract number of any government contract** _____
- 2.47. **Title of contract** COMMERCIAL BUSINESS INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** GENERAL LIABILITY - POLICY NO.: 018303178
- Nature of debtor's interest** INSURED LEXINGTON INSURANCE COMPANY
99 HIGH STREET
BOSTON MA 02110
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.48. **Title of contract** COMMERCIAL BUSINESS INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** DEADLY WEAPON PROTECT - POLICY NO.:
CMTRO2300002
- Nature of debtor's interest** INSURED LLOYD'S LONDON
ATTENTION: LEGAL DEPARTMENT
280 PARK AVENUE
EAST TOWER 25TH FLOOR
NEW YORK NY 10017
- State the term remaining** _____
- List the contract number of any government contract** _____

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

- 2.49. **Title of contract** _____
State what the contract or lease is for REAL PROPERTY LEASE - PARK TWIN THEATRE #006 - 6504 PACIFIC BLVD., , HUNTINGTON PARK, CA 90255
Nature of debtor's interest LESSEE
State the term remaining CONFIDENTIAL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
MARY B SINGREY TRUST 1 & 2
THE SIMMONS FIRM
DIANAN M. NIQUETTE
11440 W. BERNARDO CT. STE 212
THE PROMONTORY
SAN DIEGO CA 92127-1643
- 2.50. **Title of contract** LEASE
State what the contract or lease is for REAL PROPERTY LEASE - METRO 4 THEATRE #104 - 618 STATE STREET, , SANTA BARBARA, CA 93101
Nature of debtor's interest LESSEE
State the term remaining CONFIDENTIAL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
METRO FOUR LLC
8727 W THIRD ST
LOS ANGELES CA 90048
- 2.51. **Title of contract** THEATRE MANAGEMENT SERVICES AGREEMENT
State what the contract or lease is for THEATRE MANAGEMENT SERVICES
Nature of debtor's interest CONTRACT PARTY
State the term remaining CONFIDENTIAL
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
METROPOLITAN SAN CLEMENTE, LLC
8727 W. 3RD STREET
LOS ANGELES CA 90048
- 2.52. **Title of contract** MICROSOFT SERVICES AGREEMENT
State what the contract or lease is for SERVICES - SOFTWARE LICENSE
Nature of debtor's interest LICENSEE
State the term remaining UNTIL TERMINATED
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
MICROSOFT CORPORATION
ATTN LEGAL DEPT
ONE MICROSOFT WAY
REDMOND WA 98052-6399
- 2.53. **Title of contract** NETWORK AFFILIATE AGREEMENT AND AS AMENDED
State what the contract or lease is for PROGRAMMING AND SHARED REVENUE AGREEMENT - 17 LOCATIONS IDENTIFIED IN EXHIBIT B
Nature of debtor's interest CONTRACT PARTY
State the term remaining 3/31/2026
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
NATIONAL CINEMEDIA, LLC

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

- 2.54. **Title of contract** LETTER AGREEMENT DATED 6/30/2023 **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES - OPERATIONS
- Nature of debtor's interest** MANAGER NETFLIX
- State the term remaining** CONFIDENTIAL ATTN LYDIA TU MANAGER OF THEATER OPERATIONS
- List the contract number of any government contract** _____
- 2.55. **Title of contract** JANITORIAL SERVICES AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES FOR 8 - LOCATIONS IDENTIFIED IN ADDENDUM B
- Nature of debtor's interest** CONTRACT PARTY NEW IMAGE THEATRE MAINTENANCE
- State the term remaining** ON 30 - DAYS WRITTEN NOTICE ATTN: KELLY DOOLING
- List the contract number of any government contract** _____ 26511 MONTEBELLO PLACE MISSION VIEJO CA 92691
- 2.56. **Title of contract** COMMERCIAL BUSINESS INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** CYBER - POLICY NO. C-4LRK-044811-CYBER-2023
- Nature of debtor's interest** INSURED NORTH AMERICAN CAPACITY INS. CO.
- State the term remaining** _____ 1200 MAIN STREET
- List the contract number of any government contract** _____ SUITE 800 KANSAS CITY MO 64105
- 2.57. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** REAL PROPERTY LEASE - PLAZA DE ORO THEATRE #151 - 371 HITCHCOCK WAY, , SANTA BARBARA, CA 93105
- Nature of debtor's interest** LESSEE PLAZA DEL ORO, LLC
- State the term remaining** CONFIDENTIAL MISSION HILLS MANAGEMENT, 219 ANACAPA ST.
- List the contract number of any government contract** _____ SANTA BARBARA CA 93101
- 2.58. **Title of contract** GUARANTY AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** GUARANTOR PROMENADE SHOPS - 10220472 LLC
- State the term remaining** _____ 220 EAST 42ND ST
- List the contract number of any government contract** _____ 27TH FL NEW YORK NY 10017

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

- 2.59. **Title of contract** LEASE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** REAL PROPERTY LEASE - PARKING LOT - HUNTINGTON PARK, CA
- Nature of debtor's interest** LESSEE SINGREY, MARY R. ,
17322 DREY LN
HUNTINGTON BEACH CA 92647
- State the term remaining** CONFIDENTIAL
- List the contract number of any government contract** _____
- 2.60. **Title of contract** GUARANTY **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** GUARANTOR SN REALTY CORP
C/O ARCADIA MANAGEMENT GROUP
FORMERLY BKM HOLIDAY VILLAGE II, LLC
P.O. BOX 10
SCOTTSDALE AZ 85252-0010
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.61. **Title of contract** GUARANTY **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** GUARANTOR SN REALTY CORP
C/O ARCADIA MANAGEMENT GROUP
FORMERLY BKM HOLIDAY VILLAGE, LLC
P.O. BOX 10
SCOTTSDALE AZ 85252-0010
- State the term remaining** _____
- List the contract number of any government contract** _____
- 2.62. **Title of contract** THEATRICAL MASTER LICENSE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES - THEATRE - MOTION PICTURE EXHIBITOR
- Nature of debtor's interest** EXHIBITOR / LICENSEE SONY PICTURES RELEASING CORPORATION
ATTN RORY BRUER
10202 WASHINGTON BLVD
CULVER CITY CA 90232-3195
- State the term remaining** VARIOUS
- List the contract number of any government contract** _____
- 2.63. **Title of contract** LEASE AND AS AMENDED **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** REAL PROPERTY LEASE - PASEO NUEVO THEATRE #105 - 8 WEST DE LA GUERRA PLACE, , SANTA BARBARA, CA 93101
- Nature of debtor's interest** LESSEE SPHEAR INVESTMENTS, LLC
200 EAST CARRILLO ST
STE 200
SANTA BARBARA CA 93101
- State the term remaining** CONFIDENTIAL
- List the contract number of any government contract** _____

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

- 2.64. **Title of contract** COMMERCIAL BUSINESS INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** AUTO - POLICY NO.: BUA 7033785716
- Nature of debtor's interest** INSURED **THE CONTINENTAL INSURANCE COMPANY**
- State the term remaining** _____ **151 N FRANKLIN ST.**
- List the contract number of any government contract** _____ **CHICAGO IL 60606**
- 2.65. **Title of contract** GUARANTY **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** _____
- Nature of debtor's interest** GUARANTOR **THE FOUNDRY THEATER LLC**
- State the term remaining** _____ **3528 PRECISION DRIVE**
- List the contract number of any government contract** _____ **SUITE 100**
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease** **FORT COLLINS CO 80528**
- 2.66. **Title of contract** ADOPTION AGREEMENT - NON-STANDARD **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EMPLOYEE BENEFITS - 401(K) PROFIT SHARING PLAN - METRO STAR SAVINGS PLAN
- Nature of debtor's interest** CONTRACT PARTY **THE PRINCIPAL FINANCIAL GROUP**
- State the term remaining** _____ **LEGAL DEPT**
- List the contract number of any government contract** _____ **711 HIGH ST**
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease** **DES MOINES IA 50392**
- 2.67. **Title of contract** GOLD MAINTENANCE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ELEVATOR MAINTENANCE - THE PASEO NUEVO 4 - 8 WEST DE LA GUERRA PLACE
- Nature of debtor's interest** CONTRACT PARTY **THYSSENKRUPP ELEVATOR CORPORATION**
- State the term remaining** 7/24/2015 WITH AUTOMATIC 3 - YEAR RENEWALS **6087 TRIANGLE DRIVE**
- List the contract number of any government contract** _____ **LOS ANGELES CA 90040**
- 2.68. **Title of contract** BRONZE SERVICE AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ELEVATOR MAINTENANCE - CAMINO REAL 6 - 7040 MARKET PLACE DRIVE
- Nature of debtor's interest** CONTRACT PARTY **THYSSENKRUPP ELEVATOR CORPORATION**
- State the term remaining** 4/24/2021 WITH AUTOMATIC 5 - YEAR RENEWALS **2850 N CALIFORNIA ST**
- List the contract number of any government contract** _____ **STE 120**
- State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease** **BURBANK CA 91504**

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

- | | | | |
|-------|---|--|---|
| 2.69. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | GOLD SERVICE AGREEMENT
ELEVATOR MAINTENANCE - HUNTINGTON PARK 2 - 6504 PACIFIC
CONTRACT PARTY
4/24/2021 WITH AUTOMATIC 5 - YEAR RENEWALS
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
THYSSENKRUPP ELEVATOR CORPORATION
6087 TRIANGLE DRIVE
LOS ANGELES CA 90040 |
| 2.70. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | GOLD SERVICE AGREEMENT
ELEVATOR MAINTENANCE - PASEO NUEVO 4 ELEVATOR - 8 WEST DE LA GUERRA PLACE
CONTRACT PARTY
4/24/2021 WITH AUTOMATIC 5 - YEAR RENEWALS
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
THYSSENKRUPP ELEVATOR CORPORATION
2850 N CALIFORNIA ST
STE 120
BURBANK CA 91504 |
| 2.71. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | PRODUCT SALE AGREEMENT
REQUIREMENTS CONTRACT - SERVICES - BEVERAGE - 8 - SANTA BARBARA LOCATIONS
CONTRACT PARTY
5 - YEARS FROM DATE OF FIRST DELIVERY (NOT SPECIFIED)
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
TOGNAZZINI BEVERAGE SERVICE
241 ROEMER WEY
SANTA MARIA CA 93454 |
| 2.72. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | COMMERCIAL BUSINESS INSURANCE
EXCESS - POLICY NO.: CUP-2T16628A-23-NF
INSURED
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
TRAVELERS EXCESS AND SURPLUS LINES COMPANY
ONE TOWER SQUARE
HARTFORD CT 06183 |
| 2.73. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | STANDARD INTERNET SERVICE ORDER AND MASTER SERVICES AGREEMENT
SERVICES - COMMUNICATIONS/UTILITY - 255 NORTH FAIRVIEW AVENUE
CONTRACT PARTY
2021 AND THEREAFTER MONTH TO MONTH TERMINATED ON 30 - DAYS NOTICE
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
TURN WIRELESS
NOW KNOWN AS TOWERSTREAM
ATTN DANIEL TEFERRA PRESIDENT
3533 OLD CONEJO ROAD
SUITE 122
NEWBURY PARK CA 91320 |

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

- | | | | |
|-------|---|--|---|
| 2.74. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | MOVE/ADD/CHANGE/DISCONNECT SERVICE ORDER
SERVICES - COMMUNICATIONS/UTILITY - 916 STATE ST
CONTRACT PARTY
NOT STATED
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
TURN WIRELESS
NOW KNOWN AS TOWERSTREAM
ATTN DANIEL TEFERRA PRESIDENT
3533 OLD CONEJO ROAD
SUITE 122
NEWBURY PARK CA 91320 |
| 2.75. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | SERVICE ORDER AND MASTER SERVICES AGREEMENT
SERVICES - COMMUNICATIONS/UTILITY - 371 HITCHCOCK WAY
CONTRACT PARTY
2021 AND THEREAFTER MONTH TO MONTH TERMINATED ON 30 - DAYS NOTICE
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
TURN WIRELESS
NOW KNOWN AS TOWERSTREAM
ATTN DANIEL TEFERRA PRESIDENT
3533 OLD CONEJO ROAD
SUITE 122
NEWBURY PARK CA 91320 |
| 2.76. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | SERVICE ORDER AND MASTER SERVICES AGREEMENT
SERVICES - COMMUNICATIONS/UTILITY - 618 STATE STREET
CONTRACT PARTY
2021 AND THEREAFTER MONTH TO MONTH TERMINATED ON 30 - DAYS NOTICE
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
TURN WIRELESS
NOW KNOWN AS TOWERSTREAM
ATTN DANIEL TEFERRA PRESIDENT
3533 OLD CONEJO ROAD
SUITE 122
NEWBURY PARK CA 91320 |
| 2.77. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | MASTER LICENSE AGREEMENT
SERVICES - THEATRE - MOTION PICTURE EXHIBITOR
EXHIBITOR / LICENSEE
VARIOUS
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
UNIVERSAL FILMS EXCHANGES
LLLP
PO BOX 848270
DALLAS TX 75284 |
| 2.78. | Title of contract
State what the contract or lease is for
Nature of debtor's interest
State the term remaining
List the contract number of any government contract | TERMS OF SERVICE
SERVICES - SOFTWARE LICENSE
LICENSEE
UNTIL TERMINATED
_____ | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
UPTIME ROBOT SERVICE
PROVIDER LTD.
ATTN LEGAL DEPT
REGENT HOUSE
OFFICE 21, BISAZZA STREET
SLIEMA SLM1640
MALTA |

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

- | | | | |
|-------|---|---|--|
| 2.79. | Title of contract

State what the contract or lease is for

Nature of debtor's interest

State the term remaining

List the contract number of any government contract | COMMERCIAL BUSINESS INSURANCE

WORKERS' COMPENSATION - POLICY NO.: WC 7 33785683

INSURED

<hr/>
<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

VALLEY FORGE INSURANCE COMPANY
151 N FRANKLIN ST.
CHICAGO IL 60606 |
| 2.80. | Title of contract

State what the contract or lease is for

Nature of debtor's interest

State the term remaining

List the contract number of any government contract | STANDARD MERCHANT AGREEMENT FOR THE VERIFONE POINT SOLUTION

SERVICES - MERCHANT AGREEMENT

CONTRACT PARTY

NOT STATED

<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

VERIFONE
ATTN GENERAL COUNSEL
88 WEST PLUMERIA DRIVE
SAN JOSE CA 95134 |
| 2.81. | Title of contract

State what the contract or lease is for

Nature of debtor's interest

State the term remaining

List the contract number of any government contract | TERMS OF SERVICE

SERVICES - SOFTWARE LICENSE & COMMUNICATIONS

LICENSEE

UNTIL TERMINATED

<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

VERIZON LONG DISTANCE LLC
BUSINESS DIGITAL VOICE 1310
NORTH COURTHOUSE RD
ARLINGTON VA 22201 |
| 2.82. | Title of contract

State what the contract or lease is for

Nature of debtor's interest

State the term remaining

List the contract number of any government contract | COVERING AGREEMENT

SERVICES - COMPUTER SYSTEM INCLUDING SOFTWARE, INSTALLATION, SOFTWARE DEVELOPMENT AND SUPPORT SERVICES

LICENSEE

10/10/2020

<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

VISTA ENTERTAINMENT SOLUTIONS (USA) INC
6300 WILSHIRE BLVD
SUITE 940
LOS ANGELES CA 90048 |
| 2.83. | Title of contract

State what the contract or lease is for

Nature of debtor's interest

State the term remaining

List the contract number of any government contract | LICENSE AGREEMENT FOR VISTA MOBILE PARTNER PROGRAM

SERVICES - SOFTWARE LICENSE AND MANAGED SERVICES

LICENSEE

NOT STATED

<hr/> | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

VISTA ENTERTAINMENT SOLUTIONS LIMITED
60 KHYBER PASS ROAD
NEWTON
AUCKLAND
NEW ZEALAND |

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

- 2.84. **Title of contract** VISTA MOBILE SOFTWARE AND MANAGED SERVICES PRICING & ORDER FORM **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES - MANAGED - 16 LOCATIONS
- Nature of debtor's interest** LICENSEE VISTA ENTERTAINMENT SOLUTIONS LIMITED
60 KHYBER PASS ROAD
NEWTON
AUCKLAND
NEW ZEALAND
- State the term remaining** NOT STATED
- List the contract number of any government contract** _____
- 2.85. **Title of contract** STANDARDS TERMS & CONDITIONS **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** SERVICES - THEATRE - MOTION PICTURE EXHIBITOR
- Nature of debtor's interest** EXHIBITOR / LICENSEE WARNER BROS. DISTRIBUTING, INC.
FINANCIAL ADMINISTRATION
PO BOX 2910
TOLUCA LAKE CA 91610
- State the term remaining** VARIOUS
- List the contract number of any government contract** _____
- 2.86. **Title of contract** WEST WORLD MEDIA, LLC SERVICES AGREEMENT AND AS AMENDED **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** WEBSITE DESIGN AND MAINTENANCE
- Nature of debtor's interest** CONTRACT PARTY WEBEDIA MOVIES PRO LLC
WEST WORLD MEDIA, LLC
63 COPPS HILL ROAD
RIDGEFIELD CT 06877
- State the term remaining** NOT STATED
- List the contract number of any government contract** _____

Fill in this information to identify the case:

Debtor name: Metropolitan Theatres Corporation

United States Bankruptcy Court for the: Central District of California

Case number (if known): 24-11569

☐ Check if this is an
amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively.
Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1. ARLINGTON THEATRE PROPERTY LLC		AMERICAN RIVIERA BANK	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.2. BRUCE CORWIN	8727 WEST 3RD ST LOS ANGELES CA 90048	U.S. SMALL BUSINESS ADMINISTRATION	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3. CORWIN LIVING TRUST DATED APRIL 22, 1987	8727 WEST 3RD ST LOS ANGELES CA 90048	AMERICAN RIVIERA BANK	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4. METRO FOUNDRY LLC		INDEPENDENT BANK	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.5. METRO FOUNDRY LLC		THE FOUNDRY THEATER, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.6. METRO FOUR THEATRE PROPERTY, LLC		AEGON USA REALTY ADVISORS, INC.	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input checked="" type="checkbox"/> G

Debtor **Metropolitan Theatres Corporation**

Case number (if known) **24-11569**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.7. METRO NORTHWEST, LLC		JJB FAMILY, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.8. METROLUX THEATRES		PROMENADE SHOPS - 10220472 LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.9. METROPOLITAN/ROCKY MOUNTAIN CINEMAS, LLC		SN REALTY CORP	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input checked="" type="checkbox"/> G

Fill in this information to identify the case:

Debtor name: Metropolitan Theatres Corporation

United States Bankruptcy Court for the: Central District of California

Case number (if known): 24-11569

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

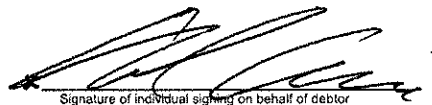
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 3/21/2024
MM/DD/YYYY


Signature of individual signing on behalf of debtor

David Corwin
Printed name

President
Position or relationship to debtor