

Fill in this information to identify the case:

Debtor 1 CB THEATER EXPERIENCE LLC

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN District of FLORIDA  
(State)

Case number 20-14699-LMI

Official Form 410

**Proof of Claim**

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor? American Express Travel Related Services Co, Inc  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?  
 No  
 Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>Becket and Lee LLP</u> Name	_____ Name
<u>PO Box 3001</u> Number Street	_____ Number Street
<u>Malvern PA 19355-0701</u> City State ZIP Code	_____ City State ZIP Code
Contact phone <u>610-228-2570</u>	Contact phone <u>610-228-2570</u>
Contact email <u>proofofclaim@becket-lee.com</u>	Contact email <u>payments@becket-lee.com</u>
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	

4. Does this claim amend one already filed?  
 No  
 Yes. Claim number on court claims registry (if known) 26 Filed on 07/02/2020  
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?  
 No  
 Yes. Who made the earlier filing? \_\_\_\_\_

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. **Do you have any number you use to identify the debtor?**  No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:   3     4     1     9  

7. **How much is the claim?**   \$560.60   **Does this amount include interest or other charges?**  
 No  Yes Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. **What is the basis of the claim?** Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
 Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
 Limit disclosing information that is entitled to privacy, such as healthcare information.  
  
  Merchant Services Account  

9. **Is all or part of the claim secured?**  No  Yes. The claim is secured by a lien on property.  
**Nature of property:**  
 Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage *Proof of Claim Attachment* (Official Form 410-A) with this Proof of Claim.  
  
 Motor vehicle \_\_\_\_\_  
  
 Other. Describe: \_\_\_\_\_  
  
**Basis for perfection:** \_\_\_\_\_  
 Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
  
**Value of property:** \$ \_\_\_\_\_  
  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)  
  
**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_  
  
**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
 Fixed  
 Variable

10. **Is this claim based on a lease?**  No  Yes. **Amount necessary to cure any default as of the date of the petition.** \$ \_\_\_\_\_

11. **Is this claim subject to a right of setoff?**  No  Yes Identify the property: \_\_\_\_\_

12. **Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**  No  Yes. *Check one:*

		<b>Amount entitled to priority</b>
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

**The person completing this proof of claim must sign and date it. FRBP 9011(b).**

*Check the appropriate box:*

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.**

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

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

Executed on date 7/6/2020  
MM / DD / YYYY

/s/ Elizabeth M. Redmond  
Signature

**Print the name of the person who is completing and signing this claim:**

Name Elizabeth M Redmond  
First Name Middle Name Last Name

Title Claims Administrator

Company Becket and Lee LLP  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address POB 3001  
Number Street

Malvern PA 19355-0701  
City State ZIP Code

Contact phone 610-228-2570 Email proofofclaim@becket-lee.com

**CB THEATER EXPERIENCE LLC**

APRIL 2020

AP 1112  
FOR MONTH 04/20

SROC ACCOUNTS PAYABLE - U S DOLLAR  
MONTHLY PAID LISTING

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RUN: 05/02/20

ACCOUNT	ACCOUNT	PAY DATE	SUM NBR	ORIG SOC	DISCOUNT	NET	CHECK#/ DRAFT#/ ADVICE	CHECKS/ DRCT DB AMOUNT	CHK PROC	BATCH	CAP TRACK	ID NUM	NUM CHGS
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PAYEE *	PAYEE *	SYS	CARD		GROSS	OPTIMA			SE BUS	BLCD SERV FEE		OPTIMA	----
					DIVIDEND						GROSS	OPT	
[REDACTED]	3419*	0404	000000		0.00	527.60	560.60-	094E9585	560.60-	0 0403 0999	00000000	02 060999999	18
		A	AX		0.00	0.00				0229	0.33	0.00	0
		0415	311046		560.60-	0.00	560.60-	105A3707	560.60-	0 0414 0567	00000000	02 104000009	1
		A	AX		0.00	0.00				0413 785	0.00	0.00	0

