

**Fill in this information to identify the case:**

Debtor 1 <u>CB Theater Experience LLC</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court <u>Southern District of Florida</u>
Case number: <u>20-14699</u>

FILED  
 U.S. Bankruptcy Court  
 Southern District of Florida  
 7/15/2020  
 Joseph Falzone, Clerk

**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**

<b>1. Who is the current creditor?</b>	The ICEE Company _____ Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	The ICEE Company _____ Name 265 Mason Rd. LaVergne, TN 37086  Contact phone <u>615-558-9374</u> Contact email <u>tcherry@icee.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	The ICEE Company _____ Name PO Box 515723  Los Angeles, CA 90051-5203 Contact phone <u>800-426-4233</u> Contact email _____
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

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

<p><b>6. Do you have any number you use to identify the debtor?</b></p>	<p><input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>1093</u></p>
<p><b>7. How much is the claim?</b></p>	<p>\$ <u>11315.25</u></p> <p><b>Does this amount include interest or other charges?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p><b>8. What is the basis of the claim?</b></p>	<p>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.</p> <p style="text-align: center;"><u>Service Contract</u></p>
<p><b>9. Is all or part of the claim secured?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p><b>Nature of property:</b>  <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>.  <input type="checkbox"/> Motor vehicle  <input type="checkbox"/> Other. Describe: _____</p> <p><b>Basis for perfection:</b> _____</p> <p>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.)</p> <p><b>Value of property:</b> \$ _____</p> <p><b>Amount of the claim that is secured:</b> \$ _____</p> <p><b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p><b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____</p> <p><b>Annual Interest Rate</b> (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed  <input type="checkbox"/> Variable</p>
<p><b>10. Is this claim based on a lease?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____</p>
<p><b>11. Is this claim subject to a right of setoff?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Identify the property: _____</p>

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	<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 4/1/22 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).**

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.**

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.

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 7/15/2020  
MM / DD / YYYY

/s/ Terri Jones Cherry

Signature

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

Name Terri Jones Cherry

First name Middle name Last name

Title Credit Analyst

Company The ICEE Company

Identify the corporate servicer as the company if the authorized agent is a servicer

Address 265 Mason Rd

Number Street

LaVergne, TN 37086

City State ZIP Code

Contact phone 800-426-4233 Email tcherry@icee.com

<b>DUNS# 047426747</b>	<b>Invoice Number</b>	23845399 010
The ICEE Company	<b>Invoice Date</b>	12/26/2019
265 Mason Road	<b>Due Date</b>	1/25/2020
La Vergne, TN 37086	<b>Payment Terms</b>	Net 30 Days
Billing Inquires: (800) 426-4233	<b>Batch Number</b>	6060750
Sales - Service (800) 423-3872		

Header Desc: DO NOT REPLY TO THIS EMAIL. For further assistance please send email directly to ICEECOLLECTIONS@ICEE.COM or contact us at 1-800-426-4233.

Sender Address: 560714	Sender Name: ICEE Billing	Sender E-mail: auto_billing@icee.com
<b>Site :</b> More than One Site	<b>Bill To</b> 371093	<b>Send To</b> 371093
	CB THEATER EXPERIENCE, LLC.	CB THEATER EXPERIENCE, LLC.
	2000-B SOUTHBRIDGE PKY STE 100	2000-B SOUTHBRIDGE PKY STE 100
	BIRMINGHAM, AL 35209	BIRMINGHAM, AL 35209

Coverage: 12/2019 Thru 11/2020

Send To Email:

Subject Line: ICEE INVOICE ATTACHMENT

<b>Long Number</b>	K00050012 27001 US HWY 19 N CLEARWATER , FL - 33761		
<b>Description</b>	Service Annual Contract		
<b>Serial No</b>	62A1145VP001	<b>AMOUNT</b>	2,125.00
<b>Machine/Equip Model</b>	000193	<b>TAX</b>	148.75
		Sub Total	2,125.00
		Tax	148.75
		<b>Total Due</b>	<b>\$ 2,273.75</b>

<b>DUNS# 047426747</b>	<b>Invoice Number</b>	23845401 002
The ICEE Company	<b>Invoice Date</b>	12/26/2019
265 Mason Road	<b>Due Date</b>	1/25/2020
La Vergne, TN 37086	<b>Payment Terms</b>	Net 30 Days
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Coverage: 12/2019 Thru 11/2020

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Subject Line: ICEE INVOICE ATTACHMENT

<b>Long Number</b>	K00050012		
	27001 US HWY 19 N		
	CLEARWATER , FL - 33761		
<b>Description</b>	Service Annual Contract		
<b>Serial No</b>	62A1140VP018	<b>AMOUNT</b>	2,050.00
<b>Machine/Equip Model</b>	000193	<b>TAX</b>	143.50
		Sub Total	2,050.00
		Tax	143.50
		<b>Total Due</b>	<b>\$ 2,193.50</b>

<b>DUNS# 047426747</b>	<b>Invoice Number</b>	24265695 005
The ICEE Company	<b>Invoice Date</b>	4/1/2020
265 Mason Road	<b>Due Date</b>	5/1/2020
La Vergne, TN 37086	<b>Payment Terms</b>	Net 30 Days
Billing Inquires: (800) 426-4233	<b>Batch Number</b>	6298920
Sales - Service (800) 423-3872		

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	2000-B SOUTHBRIDGE PKY STE 100	2000-B SOUTHBRIDGE PKY STE 100
	BIRMINGHAM, AL 35209	BIRMINGHAM, AL 35209

Coverage: 4/2020 Thru 3/2021

Send To Email:

Subject Line: ICEE INVOICE ATTACHMENT

<b>Long Number</b>	J78370009		
	2998 TYRONE BLVD N		
	SAINT PETERSBURG , FL - 33710-3036		
<b>Description</b>	Service Annual Contract		
<b>Serial No</b>	62D1602VP071	<b>AMOUNT</b>	2,000.00
<b>Machine/Equip Model</b>	VIPER-3	<b>TAX</b>	140.00
<b>Long Number</b>	J78370009		
	2998 TYRONE BLVD N		
	SAINT PETERSBURG , FL - 33710-3036		
<b>Description</b>	Service Annual Contract		
<b>Serial No</b>	62D1602VP073	<b>AMOUNT</b>	2,000.00
<b>Machine/Equip Model</b>	VIPER-3	<b>TAX</b>	140.00
		Sub Total	4,000.00
		Tax	280.00
		<b>Total Due</b>	<b>\$ 4,280.00</b>

<b>DUNS# 047426747</b>	<b>Invoice Number</b>	24265687 013
The ICEE Company	<b>Invoice Date</b>	4/1/2020
265 Mason Road	<b>Due Date</b>	5/1/2020
La Vergne, TN 37086	<b>Payment Terms</b>	Net 30 Days
Billing Inquires: (800) 426-4233	<b>Batch Number</b>	6298920
Sales - Service (800) 423-3872		

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BIRMINGHAM, AL 35209	BIRMINGHAM, AL 35209

Coverage: 4/2020 Thru 3/2021

Send To Email:

Subject Line: ICEE INVOICE ATTACHMENT

<b>Long Number</b>	170670002		
	11471 NW 12TH ST		
	MIAMI , FL - 33172		
<b>Description</b>	Service Annual Contract		
<b>Serial No</b>	A0001123	<b>AMOUNT</b>	2,400.00
<b>Machine/Equip Model</b>	FBD-500	<b>TAX</b>	168.00
		Sub Total	2,400.00
		Tax	168.00
		<b>Total Due</b>	<b>\$ 2,568.00</b>