


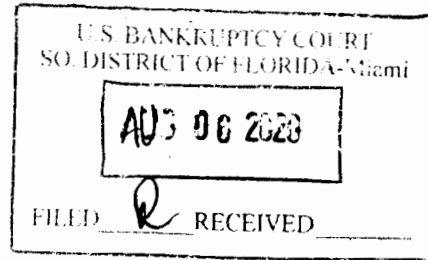
**Fill in this information to identify the case:**

Debtor 1 CB Theater Experince, LLC

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

United States Bankruptcy Court for the: Southern District of Florida 

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?** Peyton C. Cochrane, Tax Collector, Tuscaloosa County, Alabama  
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?** **Where should notices to the creditor be sent?** **Where should payments to the creditor be sent? (if different)**

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>Peyton C. Cochrane, Tax Colelctor</u> Name <u>714 Greensboro Ave, Room 124</u> Number Street <u>Tuscaloosa AL 35401</u> City State ZIP Code Contact phone <u>(205) 349-3870 ext 237</u> Contact email <u>PCochrane@tuscco.com;</u> <u>mflowers@tuscco.com</u>	_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
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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) \_\_\_\_\_ Filed on \_\_\_\_\_  
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: 0 0 2 0

7. How much is the claim? \$ 15,173.96. 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 health care information.  
2020 Ad Valorem Personal Property Taxes

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:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

	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 checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ <u>15,173.96</u>
<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).

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 07/28/2020  
MM / DD / YYYY

  
\_\_\_\_\_  
Signature

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

Name	<u>Peyton</u>	<u>C</u>	<u>Cochrane</u>
	First name	Middle name	Last name
Title	<u>Tax Collector</u>		
Company	<u>Tuscaloosa County, Alabama</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>714</u>	<u>Greensboro Ave, Room 124</u>	
	Number	Street	
	<u>Tuscaloosa</u>	<u>AL</u>	<u>35401</u>
	City	State	ZIP Code
Contact phone	<u>(205)349-3870 ext 237</u>		Email <u>PCochrane@tuscco.com;</u> <u>mflowers@tusecco.com</u>

**STATEMENT OF LIEN**

The Tax Collector, Tuscaloosa County, Alabama, holds a lien on  
the     X     Personal Property of the Debtor bearing the following description  
the                      Real Property of the Debtor bearing the following description

**SEE ATTACHED ASSESSMENT SHEETS**

The lien arose on     OCTOBER 1, 2019 FOR 2020 TAX YEAR     pursuant to

ALABAMA CODE (1975) Section 40-1-3, which provides:

From and after October 1 of each year, when property becomes assessable, the State shall have a lien upon each and every piece of parcel of property owned by any taxpayer for the payment of all taxes, which may be assessed against him and upon each piece and parcel of property, real or personal, assessed owner unknown, which lien shall continue until such taxes are paid, and the County shall have a like lien thereon for the payment of the taxes, which may be assessed by it; ... These liens shall be superior to all other liens and shall exist in the order named, and each of such liens may be enforced and foreclosed by sale for taxes as provided in this title, or as other liens upon property are enforced, ...

**2020 Property Taxes**

**63-7832-P01-023837**

**ASSESSED: CB THEATRE EXPERIENCE LLC**

**Personal Property: Computer Equip.,**

**Machines, Equipment., Furniture**

**Fixtures, Leased Equipment, Supplies**

Base Amount	15173.96
TOTAL:	<u>15173.96</u>

TUSCALOOSA COUNTY TAX RETURN LIST REAL OR PERSONAL PROPERTY FOR 2020

7/27/2020

UNIFORM PARCEL NUMBER AND DESCRIPTION	NAME AND ADDRESS																																																																											
7832-P01-023837  PERSONAL PROPERTY  7832 MOTION PICTURE THEAT  COMPUTER EQP 31605 F/F/MACH/EQP 1173329 LEASED EQP 263289 SUPPLIES 5000	CB THEATRE EXPERIENCE LLC  2000B SOUTHBRIDGE PKWY STE 100 BIRMINGHAM AL 35209	4250 OLD GREENSBORO RD D/B/A HOLLYWOOD 16 CINEMAS ASSESSED 2020 36-01-02-1-005-003.000																																																																										
	<input type="checkbox"/> (1) I am 65 years of age or older <input type="checkbox"/> (2) I am totally disabled <input type="checkbox"/> (3) Did not file Income Tax Return <input type="checkbox"/> (4) Combined annual taxable income is \$12,000 or less on Federal Income Tax Return <input type="checkbox"/> (5) Combined annual adjusted gross income is less than \$12,000 on State Income Tax Return <input type="checkbox"/> (6) Income exceeds limits <input type="checkbox"/> (7) Signature in file <input type="checkbox"/> (8) Did not resign	APPR VAL: REND VAL: \$1,473,223.00  GRID VAL: EXMT VAL: \$0.00 OVRD VAL: BOE VAL: ASMT BY: R  TOT MKT: \$1,473,220.00 ASMT VAL: \$294,640.00 TOT ASMT: \$294,640.00																																																																										
	TO: Leigh Ann Fair, Tax Assessor of Tuscaloosa County, Alabama for the Year, 20_____ I do solemnly swear (or affirm) that I am the head of the family, and/or that no other claim of exemption from state taxes for Homestead has been made or filed by me on behalf of any member of my immediate household; and that the items of this assessment marked in the Homestead claimed by me. Subscribed and sworn to before me this the <u>27th</u> day of <u>July</u> , 2020_____  Taxpayer _____ Leigh Ann Fair, Tax Assessor Per <u>mbooth</u> _____  WARNING: Any person who having taken (or subscribed to) the oath required by law to be administered to him by the tax assessor or his deputy, corruptly makes a false return of the property and other subjects of taxation, is guilty of perjury, and shall, on conviction be imprisoned in the penitentiary for not less than two nor more than five years. (Sec. 379, Title 14, Code 1940.)  OFFICE USE ONLY:																																																																											
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