2004 FOR PROFIT CORPORATION

Apr 27, 2004 8:00 am Secretary of State **ANNUAL REPORT** 04-27-2004 90079 034 ***150.00 DOCUMENT # H03880 HUIZENGA HOLDINGS, INC. 94068367 Principal Place of Business Mailing Address 450 EAST LAS OLAS BLVD. 450 EAST LAS OLAS BLVD. **SUITE 1500 SUITE 1500** FT. LAUDERDALE, FL 33301 FT. LAUDERDALE, FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 59-2445489 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) ONE SE THIRD AVE 27TH FLOOR MIAMI, FL 33131 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP TITLE TITLE Change Addition ☐ Delete NAME HUIZENGA, H.WAYNE JR NAME STREET ADDRESS 450 EAST LAS OLAS BLVD., SUITE 1500 STREET ADDRESS FT. LAUDERDALE, FL 33301 CiTY-ST-ZiP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete BRANDEN, CRIS V NAME NAME STREET ADDRESS 450 EAST LAS OLAS BLVD., SUITE 1500 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33301 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE HANDLEY, RICHARD L NAME NAME STREET ADDRESS 450 EAST LAS OLAS BLVD., SUITE 1500 STREET ADDRESS FT. LAUDERDALE, FL 33301 CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change TITLE ☐ Delete TITLE HENNINGE, RUBUT JR 450 E CAS OLLS BLUD SVITE 1500 NAME NAME STREET ADDRESS STREET ADDRESS FUT LAWPARE FL 33301 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change | MUXO, ALEX 450 E US OLM DEVO JUITE 1500 FOUT LANDME FL 33301 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

changed, or on an attachmen with all other like empowered. VIY Project 4/21/04 CAIS

SIGNATURE:

FILED