

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90117 003 \*\*\*150.00

**DOCUMENT # H71737**

1. Entity Name

HOLLYWOOD RESORTS COMPANY



Principal Place of Business

3015 N. OCEAN BLVD.  
SUITE 121  
FT. LAUDERDALE, FL 33308-7300

Mailing Address

3015 N. OCEAN BLVD.  
SUITE 121  
FT. LAUDERDALE, FL 33308-7300



04292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2589708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, REBECCA A.  
3015 N. OCEAN BLVD.  
SUITE 121  
FT. LAUDERDALE, FL 33308

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPS  
FOSTER, REBECCA A  
3015 N OCEAN BLVD., STE. 121  
FORT LAUDERDALE, FL 33308

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVPT  
LANDAU, MARC  
3015 N OCEAN BLVD., STE. 121  
FORT LAUDERDALE, FL 33308

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 receiver 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 attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rebecca A Foster 4/29/05 954.563.2444

Date

Daytime Phone #