


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # H71737 1. Entity Name HOLLYWOOD RESORTS COMPANY						07 MAY 25 AM 11:56 TALLAHASSEE, FLORIDA	
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			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent FOSTER, REBECCA A. 3015 N. OCEAN BLVD. SUITE 121 FT. LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 59-2589708			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
Signature				DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				\$8.75 Additional Fee Required			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
\$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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 400104253264 06/12/07--01006--001 **\$295.00			
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 DVT			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:				954.563.2444			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			