


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90084 021 ***150.00

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DOCUMENT # P04000039178					
1. Entity Name HOLLYWOOD SHOPPING CENTER MANAGEMENT, INC.					
Principal Place of Business 8 INDUSTRIAL WAY E 2ND FLOOR EATONTOWN, NJ 07724			Mailing Address 8 INDUSTRIAL WAY E 2ND FLOOR EATONTOWN, NJ 07724		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0304199	Applied For Not Applicable
6. Name and Address of Current Registered Agent SCHNEIDER, MICHAEL N ESQ C/O ANSBACHER & SCHNEIDER 5150 BELFORT RD S BLDG 100 JACKSONVILLE, FL 32256				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				FL	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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MASSRY, DANIEL	NAME			
STREET ADDRESS	8 INDUSTRIAL WAY E 2ND FLOOR	STREET ADDRESS			
CITY-ST-ZIP	EATONTOWN, NJ 07724	CITY-ST-ZIP			
TITLE	DVT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MASSRY, MARK	NAME			
STREET ADDRESS	8 INDUSTRIAL WAY E 2ND FLOOR	STREET ADDRESS			
CITY-ST-ZIP	EATONTOWN, NJ 07724	CITY-ST-ZIP			
TITLE	DVS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MASSRY, ISAAC	NAME			
STREET ADDRESS	8 INDUSTRIAL WAY E 2ND FLOOR	STREET ADDRESS			
CITY-ST-ZIP	EATONTOWN, NJ 07724	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Dan Massry</i>		Date: 11/18/05		Daytime Phone #: 732-935-0111x10	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					