

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000005253

1. Entity Name

HOLLYWOOD MEDIA CORP.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90038 009 ***150.00

Principal Place of Business

Mailing Address

2255 GLADES RD
SUITE 237W
BOCA RATON FL 33431

2255 GLADES RD
SUITE 237W
BOCA RATON FL 33431

B0049792



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0385686

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBENSTEIN, MITCHELL
2255 GLADES RD
SUITE 237W
BOCA RATON FL 33431

Name

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CCED
RUBENSTEIN, MITCHELL
2255 GLADES RD SUITE 237W
BOCA RATON FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Greenberg, Martin H DR. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SILVERS, LAURIE S
2255 GLADES RD SUITE 237W
BOCA RATON FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COO
HALL NICK
2255 GLADES Rd Suite 237 W
BOCA RATON FL 33431 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVGC
SHEARER, W. ROBERT
2255 GLADES RD SUITE 237W
BOCA RATON FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
RUSSELL I. PILLAR
2255 GLADES Rd Suite 237 W
BOCA RATON FL 33431 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCEO
GREENBERG, MARTIN H DR.
2255 GLADES RD SUTIE 237W
BOCA RATON FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
MITCHELL R. SEMEL
2255 GLADES Rd Suite 237W
BOCA RATON FL 33431 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOFFMAN, HARRY T
2255 GLADES RD SUITE 237W
BOCA RATON FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
DEBORAH SIMON
2255 GLADES Rd Suite 237W
BOCA RATON FL 33431 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PLANGERE, JULES L
2255 GLADES RD SUITE 237W
BOCA RATON FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
DAVID D. WILLIAMS
2255 GLADES Rd Suite 237W
BOCA RATON FL 33431 ☐ Change ☒ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 998-8000

CR2E034 (10/00)