

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90344 011 \*\*\*150.00

**60028890**



03282006 Chg-P CR2E034 (11/05)

**DOCUMENT # P99000075998**  
 1. Entity Name  
**TENTEN HOLLYWOOD CORP.**



Principal Place of Business Mailing Address  
 C/O MILL SOURCE CAPITAL, LLC C/O MILL SOURCE CAPITAL, LLC  
 4000 BLUE RIDGE RD., STE. 100 4000 BLUE RIDGE RD., STE. 100  
 RALEIGH, NC 27612 RALEIGH, NC 27612

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**1001 WARE AVE, Ste 300 1001 WARE AVE, Ste 300**

City & State City & State  
**Raleigh, NC Raleigh, NC**

Zip Country Zip Country  
**27605 USA 27605 USA**

6. Name and Address of Current Registered Agent  
**STONE, ADELE I ESQ.**  
**100 S.E. 3RD AVE**  
**FT. LAUDERDALE, FL 33394**

4. FEI Number Applied For  
**56-2161705** Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE *[Signature]* DATE **3/29/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	<b>P</b> <b>HOWELL, GLENN</b> <b>4000 BLUE RIDGE RD</b> <b>RALEIGH, NC 27612</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1001 WARE AVE, Suite 300</b> <b>Raleigh, NC 27605</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* DATE: **3/29/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #