


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90082 032 \*\*\*\*61.25

<b>DOCUMENT # N94000004946</b> 1. Entity Name <b>HOLLYWOOD BUSINESS COUNCIL, INC.</b>					
Principal Place of Business <b>330 N FEDERAL HWY HOLLYWOOD, FL 33020 US</b>			Mailing Address <b>330 N FEDERAL HWY HOLLYWOOD, FL 33020 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0527355</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>COHN, ALAN B 2021 TYLER ST HOLLYWOOD, FL 33020</b>				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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FISCHLER, ABRAHAM S 3301 COLLEGE AVE FT LAUDERDALE, FL 33314		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C SALTZ, MARK 3501 GRIFFIN RD FORT LAUDERDALE, FL 33312		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHAIRMAN <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GORDANO, DENNIS 1800 ELLER DRIVE SUITE 600 FORT LAUDERDALE, FL 33316		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MENDELSON, LAURANS A 3000 TAFT ST HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tom Irwin 3900 Taft St Hollywood, FL 33021	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SACCO, FRANK 3501 JOHNSON STREET HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
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	
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 617, 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>Douglas M. Everett, Pres.</i>			1-5-06 954-922-0227		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40003489



01052006 Chg-NP CR2E037 (11/05)