

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

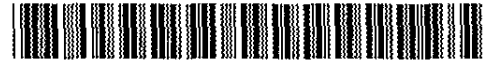
**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 327083**  
 1. Entity Name  
**HOLLYWOOD DOG TRACK, INC.**



Principal Place of Business  
**831 N. FEDERAL HIGHWAY**  
**HALLANDALE, FL 33009**

Mailing Address  
**831 N. FEDERAL HIGHWAY**  
**HALLANDALE, FL 33009**



01162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>38-1435702</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ADKINS, DANIEL K.**  
**831 N.FEDERAL HWY.**  
**HALLANDALE, FL 33009**

**DO NOT WRITE**  
**IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HARTMAN, BERNARD L.
STREET ADDRESS	831 N FEDERAL HWY
CITY - ST - ZIP	HALLANDALE, FL

TITLE	SD
NAME	TYNER, HERBERT
STREET ADDRESS	831 N FEDERAL HWY
CITY - ST - ZIP	HALLANDALE, FL

TITLE	M
NAME	ADKINS, DANIEL K
STREET ADDRESS	831 N FEDERAL HWY
CITY - ST - ZIP	HALLANDALE, FL 33009

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

00000001139  
 01/23/04-80026-003 150.00

**DO NOT WRITE**  
**IN THIS SPACE**

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 19, 2004 954 924-3200  
Date Daytime Phone #

Daniel K. Adkins