2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am § Secretary of State 329702 DOCUMENT # 1. Entity Name 05-06-2002 90228 039 ***150.00 HOLLYWOOD DISCOUNT CORP. Principal Place of Business Mailing Address 1302 FILLMORE STREET PO BOX 220384 HOLLYWOOD FL 33019 HOLLYWOOD FL 33022-0384 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1426987 Not Applicable Zip Country Zíp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **CURTIS, EDWARD C** Street Address (P.O. Box Number is Not Acceptable) 1302 FILLMORE STREET HOLLYWOOD FL 33019 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition ROSSI, MARY ANN NAME NAME STREET ADDRESS 762 S. GREENWOOD STREET ADDRESS CITY-ST-ZIP KANKAKEE IL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME CURTIS, EDWARD C NAME STREET ADDRESS 1302 FILLMORE ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP TITLE . Delete TITLE Change - Addition ÑAME CURTIS, HENRIETTA G. NAME STREET ADDRESS 1302 FILLMORE ST. STREET ADDRESS CITY-ST-7IP HOLLYWOOD FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME CURTIS, JAMES, A STREET ADDRESS 570 SE 4TH CT STREET ADDRESS CITY-ST-ZIF DANIA FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-923-4065