


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90079 021 ***150.00

DOCUMENT # 622005					
1. Entity Name TRIPLE H. RANCH, INC.					
Principal Place of Business 450 E. LAS OLAS BLVD. SUITE 1500 FT. LAUDERDALE, FL 33301			Mailing Address 450 E. LAS OLAS BLVD. SUITE 1500 FT. LAUDERDALE, FL 33301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04212004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-1912728				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROCHON, RICHARD C 450 E. LAS OLAS BLVD. SUITE 1500 FT. LAUDERDALE, FL 33301			Name <u>HUIZENGA HOLDINGS INC</u> Street Address (P.O. Box Number is Not Acceptable) <u>450 E LAS OLAS BLVD</u> <u>SUITE 1500</u> City <u>FT LAUDERDALE</u> <u>FL</u> Zip Code <u>33301</u>		
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 <u>Huizenga Holdings Inc by CRIS V BRANDEN Vice President 4/21/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	AST BRANDEN, CRIS V 4350 E. LAS OLAS BLVD., #1500 FT. LAUDERDALE, FL 33301 <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	DP HUIZENGA, JR., H. WAYNE 450 E LAS OLAS BLVD, 15TH FLOOR FORT LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUIZENGA H WAYNE JR 450 E LAS OLAS BLVD SUITE 1500 FORT LAUDERDALE FL 33301 <input checked="" 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	
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	
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 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: <u>CRIS V BRANDEN Treasurer</u> 4/15/04 954-627-5000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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