FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL 21 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768494 (7)

1. Corporate Name

HOLLYWOOD UNIVERSITY ASSOCIATES PROMOTIONAL FUND , INC.

Principal Place of Business
120D NORTH UNIVERSITY DR.
PEMBROKE PINES FL 33024
US

Mailing Address
1125 N.E. 125 STREET
4TH FLOOR
NORTH MIAMI FL 33161
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1983
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-1318368 — Applied For / Not Applicable

2. Principal Place of Business
21 12000 Biscayne Blvd.
22 Suite, Apt. #, etc.: Suite 810
23 City & State: Miami, FL
24 Zip: 33181
25 Country: Dade

2a. Mailing Address
26 12000 Biscayne Blvd.
27 Suite, Apt. #, etc.: Suite 810
28 City & State: Miami, FL
29 Zip: 33181
30 Country: Dade

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
BEINING, LOU
1125 N.E. 125 STREET
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent
81 Name: Beining, Lou
82 Street Address (P.O. Box Number is Not Acceptable): 12000 Biscayne Blvd., Suite 810
83
84 City: Miami FL
85 Zip Code: 33181

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (Signature of Registered Agent or Officer of Registered Agent Corporation) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	IRELAND, SCOTT
STREET ADDRESS	1125 N.E. 125TH ST.
CITY ST ZIP	N. MIAMI FL
TITLE	STD
NAME	BEINING, LOU
STREET ADDRESS	1125 NE 125TH ST
CITY ST ZIP	633
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	TS. 7/21/95

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	12000 Biscayne Blvd., Suite 810
14 CITY ST ZIP	Miami, FL 33181-2742
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	12000 Biscayne Blvd., Suite 810
24 CITY ST ZIP	Miami, FL 33181-2742
31 TITLE	D ☐ Change ☒ Addition
32 NAME	Ireland, Michael
33 STREET ADDRESS	12000 Biscayne Blvd., Suite 810
34 CITY ST ZIP	Miami, FL 33181-2742
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	500001544686
52 NAME	-07/25/95--01016--022
53 STREET ADDRESS	****130.00 ****130.00
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Lou Beining 4/27/95 305-891-6806
SIGNATURE AND TYPED OR PRINTED NAME OF BIGHT OFFICER OR DIRECTOR — Date — Daytime Phone

0043578