9/5/2006-90023-003-$550.00-$550.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 OCT -2 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000002809

1. Entity Name
BLUEPOINT HOLLYWOOD, INC. 496

600383489496

Principal Place of Business	Mailing Address
1840 PICKWICK AVE. GLENVIEW, IL 60025	1840 PICKWICK AVE. GLENVIEW, IL 60025

DO NOT WRITE IN THIS SPACE

07062008 No Chg-P CR2E034 (11/05)

4. FEI Number
42-1592751

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEXISNEXIS DOCUMENT SOLUTIONS, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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 $550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	GREENFIELD, ROGER
STREET ADDRESS	1840 PICKWICK AVENUE
CITY-ST-ZIP	GLENVIEW, IL 60025
TITLE	PSTD
NAME	GREENFIELD, ROGER
STREET ADDRESS	1840 PICKWICK AVE
CITY-ST-ZIP	GLENVIEW, IL 60025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

ENTERED
8/29/06

DO NOT WRITE IN THIS SPACE

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 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: _____ 9/26/06 (847) 510-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 10/3