

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90022 026 ***150.00

DOCUMENT # F05000001278					
1. Entity Name HH(CA)-ENTERTAINMENT, INC.					
Principal Place of Business 1500 E SUNRISE BOULEVARD FORT LAUDERDALE, FL 33304			Mailing Address 8484 WILSHIRE BOULEVARD BEVERLY HILLS, CA 90211		
40102475					
2. Principal Place of Business No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FFI Number 95-4698258	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE: _____ (NO. 1: Registered Agent signature required when consenting)					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ELYNT, LARRY C 8484 WILSHIRE BOULEVARD STE 900 BEVERLY HILLS, CA 90211	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President KLEIN, MICHAEL H.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO CHAMBERLAIN, JAMES D 8484 WILSHIRE BOULEVARD STE 900 BEVERLY HILLS, CA 90211	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LARA, JOHN	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 to this address, with all other like empowered.					
SIGNATURE:			MICHAEL H. KLEIN		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			5/9/08 323-651-5400		
			Daytime Phone #		