## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000000027

Entity Name: HITS OCALA WINTER CIRCUIT, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
319 MAIN STREET C/O THOMAS G. STRUZZIERI SAUGERTIES, NY 12477				319 MAIN STREET SAUGERTIES, NY 12477		
Current Mailing Address:				New Mailing Address:		
319 MAIN STREET C/O THOMAS G. STRUZZIERI SAUGERTIES, NY 12477				319 MAIN STREET SAUGERTIES, NY 12477		
FEI Number: 30-0333044 FEI Number Applied For ( ) FEI Num			El Numbe	nber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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:						
	Electronic	Signature of Registered Agent				Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	SEIFFER, JONAT 11111 SANTA MO LOS ANGELES, O DVST () D PRUDY, TODD M	ONICA BLVD. SUITE 200 CA 90025 Delete I DNICA BLVD. SUITE 200	Ad Cit Titl Na Ad	ime: idress: ty-St-Zip: le: ime: idress:	D (X PURDY, TODD	MONICA BLVD. SUITE 200
Title: Name: Address: City-St-Zip: Title: Name:	CEOP () E SRUZZIERI, THO 310-312 MAIN ST SAUGERTIES, N' D () E SOLOMON, MICH	REETT Y 12477 Delete	Ad Cit	ime: ldress: ty-St-Zip: le:	STRUZZIERI, 1 319 MAIN STR SAUGERTIES,	EETT NY 12477 ) Change ()Addition
Address: City-St-Zip:		DNICA BLVD. SUITE 200	Ad	ldress:		MONICA BLVD. SUITE 200
Title: Name: Address: City-St-Zip:	WAGNER, ALYSI	DNICA BLVD. SUITE 200	Ad	le: ime: ldress: ty-St-Zip:	( )	) Change ()Addition
Title: Name: Address: City-St-Zip:	CORTAS, USAMA	DNICA BLVD. SUITE 200	Ad	ıme: ldress:	VST (X NAGELBERG, 319 MAIN STR SAUGERTIES,	EET

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC A NAGELBERG VST 05/01/2006