

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90029 037 ***150.00

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1. Entity Name

HIC SECOND CORPORATION



Principal Place of Business

901 PONCE DE LEON BLVD
7TH FLOOR
CORAL GABLES FL 33134
US

Mailing Address

901 PONCE DE LEON BLVD
7TH FLOOR
CORAL GABLES S 33134
US



2. Principal Place of Business - No P.O. Box #

9336 CIVIC CENTER DR

Suite, Apt. #, etc.

3. Mailing Address

9336 CIVIC CENTER DR

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

BEVERLY HILLS CA

Zip

90210

Country

City & State

BEVERLY HILLS CA

Zip

90210

Country

4. FEI Number

13-3153590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-0000

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-statuting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPS
CARTER, IAN R
MAPLE CT CENTRAL PARK REEDS CRESCENT
WATFORD HE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
LIERMAN, E P
901 PONCE DE LEON BLVD STE 700
CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BOWCOCK, PHILIP
CHANCEL HOUSE NEASDEN LANE
LONDON NW102XE UK ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AT
VESLENO, ERLINDA
901 PONCE DE LEON BLVD, STE 700
CORAL GABLES FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V/T
PAUL LIERMAN
9336 CIVIC CENTER DR
BEVERLY HILLS CA 90210 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
LAURENCE LICHMAN
9336 CIVIC CENTER DR
BEVERLY HILLS CA 90210 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SECRETARY
BRIAN WILSON
9336 CIVIC CENTER DR
BEVERLY HILLS CA 90210 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
MARK J. WAY
9336 CIVIC CENTER DR
BEVERLY HILLS CA 90210 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
DAVID J THOMSON
9336 CIVIC CENTER DR
BEVERLY HILLS CA 90210 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Lierman

Date

4/20/07

Daytime Phone #

305-444-6811