## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

CITY - ST-ZIP

SIGNATURE

## **FILED** May 08, 2006 08:00 AM Secretary of State DOCUMENT # F97000000029 DOVÁ OF HOLLYWOOD G.P., INC. Mailing Address Principal Place of Business 6000 MEADOWBROOK MALL 6000 MEADOWBROOK MALL **STE 27 STE 27** CLEMMONS, NC 27012 CLEMMONS, NC 27012 CR2E034 (11/05) 05012006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2004240 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent ANDREW SERVICE CORPORATION OF FLORIDA DO NOT WRITE 201 N FRANKLIN STREET **SUITE 2700** IN THIS SPACE TAMPA, FL 33602 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 Agon) signature required when reinstating) DATE \$5.00 мау Ве 9. Election Campaign Financing Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. СТ TITLE ANGELL, DON G NAME 6000 MEADOWBROOK MALL, SUITE 27 STREET ADORESS U00000562794 05/19/06-80069-020 150.00 CLEMMONS, NC 27012 CITY-ST-ZIP TITLE ANGELL, D. GRAY JR NAME 6000 MEADOWBROOK MALL, SUITE 27 STREET ADDRESS CLEMMONS, NC 27012 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 cath; 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.

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR