UNIF DOCUMI 1. Entity Name	ORM BUSIN ENT # G804	NESS REPO	RT (!		Feb 24, 2003 8:00 am Secretary of State
	CTRIC OF HOLLYWOC)D, INC.			02-24-2003 90180 016 ***150.00
Principal Place of Business 3100 SE 4TH AVENUE FORT LAUDERDALE FL 33316 US		Mailing Address 3100 SE 4TH AVENUE FORT LAUDERDALE FL US	3100 SE 4TH AVENUE FORT LAUDERDALE FL 33316		
Principal Place	of Business	3. Mailing Address			
Suite, Apt. #, et	с.	Suite, Apt. #, etc.			
City & State	·	City & State			4. FEI Number 59-2345620 Applied For
Zip	Country	Zip	Count	try	5. Certificate of Status Desired Status Desired Status Desired
6.	Name and Address of Curre	Int Registered Agent		Name	7. Name and Address of New Registered Agent
ARTIGAS, JIMI 3100 SE 4TH .				Street Address (P.O. Box Number is Not Acceptable)	
	AVENUE RDALE FL 33331		ł		
:			City		FL Zip Code
The above name the obligations of	ed entity submits this statement of registered agent.	for the purpose of changing i	its registere	ad office or registere	ed agent, or both, in the State of Florida. I am familiar with, and accept
GNATURE	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
	ure, typed or printed name of registered age	ant and title if applicable. (NC	DTE: Registered	d Agent signature required w	when reinstating) DATE
After May	NOW !!! FEE IS \$150.00 1, 2003 Fee will be \$550.00 able to Florida Department (0 of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
	OFFICERS AN		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
IE PD ME ART	IGAS, JIMMY	Delete	TITLE		Change Addition
EET ADDRESS 310	0 SE 4TH AVENUE			ET ADDRESS	
E VPD)	Delete	TITLE		Change Addition
EET ADDRESS 3100			NAME STREET	TADDRESS	
(-ST-ZIP FOR	IT LAUDERDALE FL		CITY-S		
ie Eet address	N		NAME		Change Addition
-ST-ZIP			STREET CITY-ST	T ADDRESS ST-ZIP	
E			TITLE		Change Addition
ET ADDRESS			NAME STREET	T ADDRESS	
- ST-ZIP		·	CITY-ST	T-ZIP	
E		Detete	TITLE		Change Addition
et address - St-Zip			STREET /	TADDRESS ST- ZIP	
	- <u> </u>	Delete	TITLE		Change Addition
ET ADDRESS			NAME STREET A	ADDRESS	
ST-ZIP		-	CITY-ST	T-ZIP	
I hereby certify the indicated on this	at the information supplied with report or supplemental report	a this filing does not qualify for is true and accurate and that r	r the exemp my signatur	ption stated in Sectir	ion 119.07(3)(i), Florida Statutes. I further certify that the information me legal effect as if made under oath; that I am an officer or director
Of the corporation	n or the receiver or trustee empo an attachment with an address, v	owered to execute this report with all other like empowered	as required	re shall have the sar. I by Chapter 607, Fi	me legal effect as if made under oath; that I am an officer or director lorida Statutes; and that my name appears in Block 10 or Block 11 if