

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90049 006 ***150.00

DOCUMENT # H03880

1. Entity Name
HUIZENGA HOLDINGS, INC.



Principal Place of Business
450 EAST LAS OLAS BLVD.
SUITE 1500
FT. LAUDERDALE, FL 33301

Mailing Address
450 EAST LAS OLAS BLVD.
SUITE 1500
FT. LAUDERDALE, FL 33301

50017186



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2445489

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE SE THIRD AVE
27TH FLOOR
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME HUIZENGA, H.WAYNE JR
STREET ADDRESS 450 EAST LAS OLAS BLVD., SUITE 1500
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE VT
NAME BRANDEN, CRIS V
STREET ADDRESS 450 EAST LAS OLAS BLVD., SUITE 1500
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE S
NAME HANDLEY, RICHARD L
STREET ADDRESS 450 EAST LAS OLAS BLVD., SUITE 1500
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE V
NAME HENNINGER, ROBERT JR
STREET ADDRESS 450 EAST LAS OLAS BLVD., SUITE 1500
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE V
NAME MUXO, ALEX
STREET ADDRESS 450 EAST LAS OLAS BLVD., SUITE 1500
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Date _____ Daytime Phone # _____