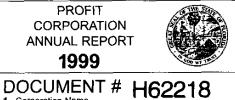
HOLLYWOOD EQUIPMENT LEASING, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Jun 07, 1999 8:00 am Secretary of State

06-07-1999 90013 006 ***550.00

|--|

Principal Place	e of Business	Mailing Address							
820 NE 182 TE	RR	820 NE 182 TERR	820 NE 182 TERR						
NO MIAMI BCH	FL 33162	NO MIAMI BCH FL 33162	NO MIAMI BCH FL 33162					00405	
U\$		us	US			DO NOT WRITE IN THIS SPACE			
						Date Incorporated or Qualifect	d		
						06/14/1985			
2. Principal Pl	ace of Business	2a. Mailing Address	Mailing Address			4. FEI Number			Applied For
21		26	26			59-2607912			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		•	5 Additional
22		27	27			5. Controdic of States Bosines		Fee	Required
City & State	•	City_& State	City_& State			6. Election Campaign Financing	, 🗆)0 May Be
23		28	28			Trust Fund Contribution		Adde	ed to Fees
Zip Country		Zip	Zip Country			This corporation owes the cu	rrent year Inta		
24	25 29 30		30	Personal Property Tax.				Yes	□No
	9. Name and Address of C	urrent Registered Agent				10. Name and Address of New	Registered A	Agent	
554	UTHER DOCEDT		1	81	Name				1
	UTMAN, ROBERT		82 Street Ac		ddress (P.O. Box Number is Not Accep	table)			
	NE 182 TERR								
NO I	MIAMI BCH FL 33162		Ì	83					1
			}	- 1				laci z	in Codo
				84	City		FL	85 Z	ip Code
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida Statu	ites, the at	oove	named c	orporation submits this statement for th	e purpose of o	changing	its registered
office or re	egistered agent, or both, in the :	State of Florida. Such change was obligations of, Section 607.0505, Fl	authorized	by t	the corpor	ration's board of directors. I hereby according	ept the appoin	tment as	s registered
SIGNATURE	Signature, typed or printed name of register	red agent and title if applicable. (NOT	E: Registered	Agent	signature rec	quired when reinstating)	DATE		
12.	OFFICER	RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO O	FFICERS AN	D DIREC	TORS IN 12
TITLE	PST	☐ DELETE	1.1 T/T	LΕ				Chan	ge 🔲 Addition
NAME	BRAUTMAN, ROBERT		1.2 NA	ME	Ì				1
STREET ADDRESS	820 NE 182 TERR.		1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	N. MIAMI BEACH FL	EACH FL 1.4		Y-ST	ZIP				
TITLE	D	☐ DELETE	2.1 TIT					☐ Chan	ge Addition
NAME	BRAUTMAN, ROBERT		2.2 NA	ME					i
STREET ADDRESS	820 NE 182 TERR,				ADDRESS				
	N. MIAMI BEACH FL		2. 4 CI		l l				{
CITY-ST-ZIP	14. MINIM DENOTITE	☐ D£LETE	3.1 TIT		-21			Chan	ge Addition
	i	_ 3011.10	3.1 NA						
NAME OTREST ADDRESS	l				ADDRESS				- (
STREET ADDRESS					!				
CITY-ST-ZIP	<u> </u>	☐ DELETE	3.4, CI 4,1 TIT		-217			Chan	ge Addition
TITLE	1	_ Decere			į				
NAME			4 2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		[] artere	4 4 CIT		· ∠IP		-	Chan	ge Addition
TITLE		☐ DELETE	5.1 TIT					C CHOIL	ac [] uqqiyyii
NAME			5.2 NA		ADDRESS				
STREET ADDRESS					ADDRESS				1
CITY-ST-ZIP			5 4 CIT		-ZIP		 		E Additi
TITLE		☐ DELETE	6.1 TIT		- 1			☐ Chan	ge 🗌 Addition
NAME			6.2 NA						
STREET ADDRESS			6.3 ST	REET	ADDRESS				

14. 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 annual report or supplemental annual 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 of the corporation or the rec

SIGNATURE: