

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # H77086	
1. Entity Name NEWPORT OPERATING CORPORATION	

Principal Place of Business 3850 HOLLYWOOD BLVD SUITE #400 HOLLYWOOD, FL 33021	Mailing Address 3850 HOLLYWOOD BLVD SUITE #400 HOLLYWOOD, FL 33021
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04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2581182	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORNFELD, ROBERT 3850 HOLLYWOOD BLVD SUITE #400 HOLLYWOOD, FL 33021

**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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP	PSD CORNFELD, ROBERT 3850 HOLLYWOOD BLVD #400 HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CORNFELD, JEFFERY 3850 HOLLYWOOD BLVD, 400 HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COX, WILLIAM 3850 HOLLYWOOD BLVD., #400 HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/18/05-80051-018 150.00

**DO NOT WRITE
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

4/12/05 (954) 989-2200
Date Daytime Phone #

Robert M Cornfeld