2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (1989)

FILED Feb 24, 2003 8:00 am Secretary of State

DOCUMENT # L02000030950 1. Entity Name							02-05-2003 90020 004 ****50.00			
HOLLYWOOD IMAGES, LLC						,				
Principal Plac	ce of Busines	s	Mailing Address	Mailing Address						
			819 S. FEDERAL HWY., SUITE 200A STUART FL 34994			İ				
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2. Principal Place of Business			3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number Applied For Not Applied For Not Applied For			,	
Zip Country			Zip	Zip Count		5. Certificate of Status Desired 5.00 Addition		iditional ed	1	
	6. Name	and Address of Current	Registered Agent	gistered Agent			7. Name and Address of New Registered Agent			
	NGS, INC.				N2M0					_
3732 NORTHWEST 16TH STREET FORT LAUDERDALE FL 33311					Street Address (P.O. Box Number is Not Acceptable)					
			·					·····		_
					City		···	FL Zip Cod		
	named entit tions of regist		or the purpose of changing it	s registere	ed office or register	red agent, or t	ooth, in the State of Florida.	I am tamiliar with	, and accept	
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if applicable. (NO	TE: Registere	d Agent signature required	d when reinstating)	b s all	ATE .		
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			Make Check Payable to Florida Departme			nt of State				1
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11. Lhereby c	certify that the	information supplied with	this filing does not qualify fo	r the exec	notion stated in Se	ction 119.07(3)(i), Florida Statutes. I furthe	r certify that the ir	formation	1
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: MOUTHER BUCKUS 1-28-03										
JIGIAI		ND TYPED OF PRINTED NAME OF	SIGNING MANAGING MEMBER, MAI	NAGER, OR A	WTHORIZED REPRESEN	NTATIVE	Date	Daytime Phone #		
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