# SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

# 1999 DOCUMENT # M50051

# FILED Sep 22, 1999 8:00 am Secretary of State

09-22-1999 90010 046 \*\*\*550.00

NORTH MIAM FL 33161  NORTH MIAM FL 33161  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified O4/03/1987  4. FEI Number   Applied For   S9-2791903   Not Applied For   S9-279190	HOLLYWOOD CASTING GROUP, INC.					-			
Pincipal Piece of Business   Mailing Address								/	
Pincipal Piece of Business   Mailing Address   Lizo N. E. 16Th WE. NORTH MAM Ft. 33161   DO NOT WRITE IN THIS SPACE									
NORTH MAME FL 23161  NORTH MAME FL 23161  NORTH MAME FL 23161  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified OU/(09)1987  A FEI Number   Applied For   App	Principal Place	Mailing Address				- 100 (00 t) (84 Billi 00 t) Octob Ellet (10) Billi billi	'S M1851 B1811 B1841 B1811 B1811		
2. Principal Place of Business	12100 N. E. 16TH AVE. 12100 N. E. 16TH AVE.						· ·		
2. Principal Place of Business   2a. Mailing Address   2a. Maili	NORTH MIAMI FL 33161 NORTH MIAMI FL 33161						DO NOT WESTERN THE	SDAOF	
2. Principal Place of Business								PACE	
2. Principal Pisco of Business   2. Mailing Address   5. P279 1903   Not Applicable For Sey 279 1903   State S							- I		
Suitle, Apt. #, etc.	2 Principal D	lace of Pusiness	2n Mailing Address					Applied For	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State		lace of Business	<del></del>	i. Maining Address				<del></del>	
City & State		# etc	1.12 10 10 10 10 10 10 10 10 10 10 10 10 10				39 279 1900		
City & State 23    City & State   City &		<i>m</i> , 0.0.					5. Certificate of Status Desired		
Zip   County   Zip   County   Zip   County   S. This corporation owns the current year intargible Personal Property.   Yes   No			City & State			6 Flection Campaign Financing	\$5.00 May Ro		
Zip County Zip County Zip Country 8			¬ '				, , , , , , , , , , , , , , , , , , , ,		
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  BLANKMAN, DOUGLAS A ONE FIANCIAL PLAZA SUITE #1611 FT. LAUDERDALE FL 33394  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  11. Pursuant to this provisions of sections 607,0502 and 607,1508, Florida Statutes, the abover-named corporation submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, section 607,0505, Florida Statutes  SIGNATURE  SIG					intry		8. This corporation owes the current year		
BLANKMAN, DUGLAS A.  ONE FIANCIAL PLAZA, SUITE #1611 FT. LAUDERDALE FL 33394  18  44	24	25	29	— ·			,	Yes No	
BLANKMAN, DOUGLAS A ONE FIANICIAL PLAZA, SUITE #1611 FT. LAUDERDALE FL 33394  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 City FL 85 Zip Code  86 City FL 85 Zip Code  87 City FL 85 Zip Code  88 City FL 85 Zip Code  88 City FL 85 Zip Code  89 City FL 85 Zip Code  89 City FL 85 Zip Code  89 City FL 85 Zip Code  80 City FL 85 Zip Code  81 City FL 85 Zip Code  81 City FL 85 Zip Code  82 City FL 85 Zip Code  83 City FL 85 Zip Code  84 City FL 85 Zip Code  85 City FL 85 Zip Code  85 City FL 85 Zip Code  86 City FL 85 Zip Code  86 City FL 85 Zip Code  87 City FL 85 Zip Code  87 City FL 85 Zip Code  88 City FL 85 Zip Code  89 City FL 85 Zip Code  89 City FL 85 Zip Code  89 City FL 85 Zip Code  80 City FL		9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered A	gent	
ONE FIANICIAL PLAZA, SUITE #1611 FT. LAUDERDALE FL 33394  82   Street Address (P.O. Box Number is Not Acceptable)  83   Add City   FL   85   Zip Code    11. Pursuant to this provisions of sections 607.0502 and 607.1508, Florida Statutes, the adventure of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered genet. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the support of the composition's board of directors. I hereby accept the appointment as registered genet. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the support of the composition's board of directors. I hereby accept the appointment as registered genet. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the support of the composition's board of directors. I hereby accept the appointment as registered genet. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the support of the composition's board of directors. I hereby accept the appointment as registered genet. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the support of the composition's board of directors. I hereby accept the appointment as registered genet. I am familiar with, and accept the obligations of the composition's performance of compositions board of directors. I hereby accept the appointment as registered genet. I am familiar with, and accept the displaced Addition. SIGNATURE  12.	Ph 14	nama polici ko k			81	Name		Į	
UNITE PRANICAL PLAZA, SUITE #1611 FT. LAUDERDALE FL 33394  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in a familiar with, and accept the objigations of, section 607,0505, Florida Statutes.  SIGNATURE Signature, typed of printed name of inguistered agent and site if applicable. (NOTE Registered Agent signature registed when reinstating)  DP SIGNATURE Signature, typed of printed name of inguistered agent and site if applicable.  INTILE DP SIGNATURE Signature, typed of printed name of inguistered agent and site if applicable.  INTILE DP SIGNATURE Signature, typed of printed name of inguistered agent and site if applicable.  INTILE DP SIGNATURE Signature, typed of printed name of inguistered agent and site if applicable.  INTILE DP SIGNATURE Signature, typed of printed name of inguistered agent and site if applicable.  INTILE DP SIGNATURE Signature, typed of printed name of inguistered agent and site if applicable.  INTILE DP SIGNATURE Signature, typed of printed name of inguistered agent and site if applicable.  INTILE DP SIGNATURE Signature, typed of printed name of inguistered agent agent and site if applicable.  INTILE SIGNATURE Signature, typed of printed name of inguistered agent agent and site if applicable.  INTILE SIGNATURE Signature, typed of printed agent and site if applicable.  INTILE Signature, typed of printed agent and site if applicable.  INTILE Signature, typed of printed name of inguistered agent agent and repaired agent applicable.  INTILE Signature, typed of printed name of inguistered agent agent and repaired agent agent and site if applicable.  INTILE Signature, typed of printed agent and site if applicable.  INTILE Signature, typed of printed agent and site if applicable.					82	Street Addr	dress (P.O. Box Number is Not Accentable)		
### City ###					-	Oli COL FIGOR	uress (F.O. Box Nulliper is Not Acceptable)		
11. Pursuant to the provisions of sections 607 0502 and 607:1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and married in the married training agent. I am familiar with an accept the obligations of, section 607 0505, Florida Statutes.  SIGNATURE  Signature, to a display of printer name of registered agent and tits it applicable.  NOTE: Registered Agent eligiblered registered regis	FI. L	AUDERDALE FL 33394			83				
11. Pursuant to the provisions of sections 607 0502 and 607:1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and married in the married training agent. I am familiar with an accept the obligations of, section 607 0505, Florida Statutes.  SIGNATURE  Signature, to a display of printer name of registered agent and tits it applicable.  NOTE: Registered Agent eligiblered registered regis					0.4	City		les Zin Code	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I have a drawn and arrived the provision for registered agent and size it spoilizes.    Signature					64	City	FL	as zip code	
agent. I am' familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE  2. OFFICERS AND DIRECTORS  TITLE  DP DELETE  1.1TITLE  DP DELETE  1.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 NAME  13 STREET ADDRESS  CITYST2P  TITLE  DELETE  1.1TITLE  DELETE  1.1TITLE  V DELETE  2.1 TITLE  V DELETE  3.1 TITLE  V DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  Addition  Addition  NAME  STREET ADDRESS  CITYST2P  TITLE  DELETE  3.1 TITLE  3.1 TITLE  ADDRESS  CITYST2P  TITLE  DELETE  3.1 TITLE  ADDRESS  CITYST2P  ADDRESS  CITYST2P  TITLE  DELETE  3.1 TITLE  Change Addition  Addition  ADDRESS  CITYST2P  TITLE  DELETE  5.1 TITLE  Change Addition  ADDRESS  ADDRESS  CITYST2P  TITLE  Change Addition  Addition  ADDRESS  ADDRESS  CITYST2P  TITLE  DELETE  5.1 TITLE  Change Addition  Addition  ADDRESS  ADDRESS  CITYST2P  TITLE  Change Addition  Addition  ADDRESS  ADDRESS  CITYST2P  TITLE  Change Addition  Addition  ADDRESS  CITYST2P  TITLE  Change Addition  Addition  ADDRESS  ADDRESS  CITYST2P  TITLE  Change Addition  Addition  ADDRESS  ADDRESS  CITYST2P  TITLE  Change Addition  Addition  ADDRESS  ADDRE	11. Pursuant to the provisions of sections 607.0502 and 607:1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered								
SIGNATURE   Signature, hybrid or printed name of registered agent and title if applicable.   NOTE Registered Agent signature required when relinitating)	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607,0505, Florida Statutes.								
12.									
TITLE   DP					red A	gent signature requ			
NAME   BUSSELL, KAREN   12 NAME   13 STREET ADDRESS   12 100 N.E. 16TH AVE.   13 STREET ADDRESS   12 100 N.E. 16TH AVE.   14 CITY-ST-ZIP	****		DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
13 STREET ADDRESS   12100 N.E. 16TH AVE.   13 STREET ADDRESS   14 CITY-ST-ZIP	TITLE		DELETE				L	_ Change Addition	
NORTH MIAMI, FL	NAME			1.2 NA	AME.				
TITLE	STREET ADDRESS			1.3 ST	REET	ADDRESS			
NAME   BUSSELL, LISA   22 NAME   22 NAME   22 NAME   23 STREET ADDRESS   12100 N.E. 16TH AVE.   NORTH MIAMI, FL.   DELETE   31 TITLE   Change   Addition						ZiP			
12100 N.E. 16TH AVE.   23 STREET ADDRESS   24 CITY-ST-ZIP   TITLE   DELETE   3.1 TITLE   DELETE   3.2 NAME   3.2 NAME   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   DELETE   4.1 TITLE   DELETE   DELETE   4.2 NAME   3.3 STREET ADDRESS   DELETE   4.2 NAME   3.3 STREET ADDRESS   DELETE   4.3 STREET ADDRESS   DELETE   4.4 CITY-ST-ZIP   DELETE		•	L] DELETE	-			L	_ Change Addition	
CITY-ST-ZIP   NORTH MIAMI, FL.   DELETE   3.1 TITLE   Change   Addition		•							
TITLE	STREET ADDRESS			2.3 ST	REET	ADDRESS			
NAME	CITY-ST-ZIP	NORTH MIAMI, FL.				ZIP			
STREET ADDRESS   3.3 STREET ADDRESS	ļ		L DELETE	1			L.	Change Addition	
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### STREET ADDRESS ### #### ##########################			DELETE					☐ Change ☐ Addition	
A 4 CITY-ST-ZIP				ŀ					
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CITY-ST-ZIP 6.4 CITY-ST-ZIP						ADDRESS			
								1	
		ertify that the information supplied with	this filing does not qualify for the				tion 119.07(3)(i), Florida Statutes, I further certify th	at 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 18 if changed, or on an attachment with an address.

**SIGNATURE:**