2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002123

FILED Apr 26, 2004 Secretary of State

Entity Name: THE HOLLYWOOD BOULEVARD THEATRE, INC.

	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	RISON STREE	Г			
#14D HOLLYW(OOD, FL 33020				
Current Mailing Address:			New Mailing Addres	ss:	
1720 HAR	RISON STREE	Γ			
#14D HOLLYW(OOD, FL 33020				
	: 65-0577816	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Ci	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
WAXMAN 1720 HAR #14D		Г			
	e named entity si e of Florida.	ubmits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATU					
	Electroni	c Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS		
-					
Title: Name: Address: City-St-Zip:		OD BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	PD () I WAXMAN, JERR 1938 HOLLYWO HOLLYWOOD, F	Y OD BLVD EL 33020 Delete EN E RD	Name: Address:		
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address:	PD ()I WAXMAN, JERR 1938 HOLLYWO HOLLYWOOD, F MDVP ()I SIMMONS, ELLE 5321 GATE LAKI FT. LAUDERDAL	Y OD BLVD EL 33020 Delete EN E RD E, FL 333 Delete ELEANOR NCH CIRCLE	Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address:	PD ()I WAXMAN, JERR 1938 HOLLYWO HOLLYWOOD, F MDVP ()I SIMMONS, ELLE 5321 GATE LAKI FT. LAUDERDAL DS ()I DANNENBAUM, I 331 RIVER BRAI ELKINS PARK, F	Y OD BLVD EL 33020 Delete EN E RD E, FL 333 Delete ELEANOR NCH CIRCLE PA 19027 Delete	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY WAXMAN PD 04/26/2004