


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90007 021 ****61.25

DOCUMENT # N99000004493	
1. Entity Name HOLLYWOOD EAST STUDIO, INC.	

Principal Place of Business 1730 FLORIDA AVE PALM HARBOR FL 34683	Mailing Address BOX 674 PALM HARBOR FL 34682-0674
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent REICHEL, RICHARD 1721 GEORGIA AVE PALM HARBOR FL 34683		7. Name and Address of New Registered Agent Name RICHARD REICHEL Street Address (P.O.-Box Number is Not Acceptable) 1389 FOREST LAWN CT. City TARPON SPRINGS FL Zip Code 34689

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 *Richard Reichel* **RICHARD REICHEL** 3/9/06
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when consenting) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE PREICHEL, RICHARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REICHEL, RICHARD		NAME 1389 FOREST LAWN CT.	
STREET ADDRESS 1721 GEORGIA AVE.		STREET ADDRESS TARPON SPRINGS, FL. 34689	
CITY-ST-ZIP PALM HARBOR FL 34683		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TONG, C		NAME	
STREET ADDRESS 2043 GROVELAND RD		STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL 34683		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROQUILYN, R		NAME	
STREET ADDRESS 2481 N.E. COACHMAN RD		STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 33765		CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE VP REICHEL, ROUCHEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REICHEL, ROUCHEL		NAME 2481 N.E. COACHMAN RD.	
STREET ADDRESS 1721 GEORGIA AVE		STREET ADDRESS CLEARWATER, FL 33765	
CITY-ST-ZIP PALM HARBOR FL 34683		CITY-ST-ZIP	
TITLE C	<input checked="" type="checkbox"/> Delete	TITLE C TONG, K.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TONG, K.P.		NAME BOX 674	
STREET ADDRESS 1721 GEORGIA AVE.		STREET ADDRESS PALM HARBOR, FL 34682	
CITY-ST-ZIP PALM HARBOR FL 34683		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMAS, JORDAN		NAME	
STREET ADDRESS W 7800 30TH		STREET ADDRESS	
CITY-ST-ZIP NEW LISBON WI 53950		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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: *Richard Reichel* **RICHARD REICHEL** 3/9/06 **784-9134** (727)