


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90076 020 ****61.25

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

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| 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 - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



1st MOORE CR2E037 (10/06)

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

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 DATE 4/8/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 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 NAME STREET ADDRESS CITY ST ZIP | P REICHEL, RICHARD 1389 FOREST LAWN CT TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | D TONG, C 2043 GROVELAND RD PALM HARBOR FL 34683 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | D ROQUILYN, R 2481 N.E. COACHMAN RD CLEARWATER FL 33765 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | D ROQUILYN R 2755 CULLEW RD. #46 PALM HARBOR, FL. 34684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | VP REICHEL, ROUCHEL 2481 NE COACHMAN ROAD CLEARWATER FL 33765 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | C TONG, K.P. P.O. BOX 674 PALM HARBOR FL 34682 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | D THOMAS, JORDAN W 7800 30TH NEW LISBON WI 53950 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 DATE 4/8/07 727-784-9134