



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90199 029 \*\*\*150.00

<b>DOCUMENT # P00000004995</b> 1. Entity Name <b>NEWPORT OPERATING MANAGEMENT CORP.</b>					
Principal Place of Business <b>3850 HOLLYWOOD BOULEVARD          SUITE 400          HOLLYWOOD, FL 33021</b>			Mailing Address <b>3850 HOLLYWOOD BOULEVARD          SUITE 400          HOLLYWOOD, FL 33021</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04302008    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>65-0990518</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip    Country		Zip    Country		6. Name and Address of Current Registered Agent	
<b>CORNFELD, ROBERT M          3850 HOLLYWOOD BLVD.          SUITE 400          HOLLYWOOD, FL 33021</b>		7. Name and Address of New Registered Agent			
Name		Street Address (P.O. Box Number is Not Acceptable)			
City		<b>FL</b>		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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD          CORNFELD, ROBERT M          3850 HOLLYWOOD BOULEVARD SUITE 400          HOLLYWOOD, FL 33021</b>	<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	<b>VP          CORNFELD, JEFFREY D          3850 HOLLYWOOD BLVD,P # 400          HOLLYWOOD, FL 33021</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP          CORNFELD, Jeffrey D          3850 Hollywood Blvd #400          Hollywood FL 33021</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 607, 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.					
<b>SIGNATURE:</b>		<i>Robert M Cornfeld</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		pres    4/28/08    (954) 989-2200 Date    Day/Mo/Phone #	