2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Aug 22, 2001 8:00 am Secretary of State DOCUMENT # P00000059245 1. Entity Name 08-22-2001 90223 033 ***158.75 Hollywood Enterprises 2000, Inc. Principal Place of Business Mailing Address 201 E. Ridgewood St. P.O. Box 161681 R0062468 Altamonte Springs, FL034701 Altamonte Springs, FL 32714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 59-3653825 City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ginger A. Jenness -201-E.-Ridgewood-Street_ Street Address (P.O. Box Number is Not Acceptable)_ Altamonte Springs, FL 32701 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President TITLE Change Addition Delete TITLE Daniel D. Roseman NAME NAME STREET ADDRESS STREET ADDRESS 201 E. Ridgewood St. CITY-ST-ZIP CITY-ST-ZIP Altamonte Springs, FL 32701 V, T, S TITLE ☐ Change Addition Delete TITLE NAME NAME Ginger A. Jenness STREET ADDRESS STREET ADDRESS 201 E. Rodgewood Street CITY-ST-ZIP CITY-ST-ZIP <u> Altamonte Springs, FL 32701</u> Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if

BINGER A. JENNESS 8-15-01
Daysine Phone #

FILED