2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142388

FILED Aug 22, 2006 Secretary of State

Entity Name: HOLLYV	VOOD STATION 716, INC			
Current Principal Place of Business:		New Principal Place	ce of Business:	
2121 PONCE DE LEON	BLVD.			
740 CORAL GABLES, FL 33	3134			
Current Mailing Address:		New Mailing Address:		
2121 PONCE DE LEON 740 CORAL GABLES, FL 33				
FEI Number: 20-1763803	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address	Name and Address of New Registered Agent:	
PIERI, ISIDORO 2121 PONCE DE LEON 740 CORAL GABLES, FL 33				
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
	93(2)(b), F.S., the corporation did no ng Trust Fund Contribution().	t receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: P (Name: PIERI, ISIDOR) Delete	Title: P Name: PIERI, IS	(X) Change()Addition	

9830 SW 77 AVENUE Address: 2121 PONCE DE LEON BLVD SUITE 710 Address: City-St-Zip: 155, FL 33156 City-St-Zip: MIAMI, FL 33134 Title: VΡ () Delete Title: (X) Change () Addition DALUISIO, GRACIELA M DALUISIO, GRACIELA M Name: Name: Address: 9830 SW 77 AVENUE Address: 2121 PONCE DE LEON BLVD # 740 MIAMI, FL 33156 MIAMI, FL 33134 City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete Name: Name: PIERI, LUCIANO M Address: Address: 2121 PONCE DE LEON # 740 City-St-Zip: City-St-Zip: MIAMI, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISIDORO PIERI Ρ 08/22/2006