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May 14, 1999 8:00 am
Secretary of State

05-14-1999 90003 003 ***450.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P19882**

1. Corporation Name

HOLLYWOOD PARTNERS INC.

Principal Place of Business

Mailing Address

101 HUDSON STREET
TAX DEPARTMENT, 39TH FLOOR
JERSEY CITY NJ 07302

101 HUDSON STREET
TAX DEPARTMENT, 39TH FLOOR
JERSEY CITY NJ 07302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1988

4. FEI Number

13-3544542

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3 WORLD FINANCIAL CENTER

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 29TH FLOOR

27

City & State

City & State

23 NEW YORK, NY

28

Zip

Country

Zip

Country

24 10285

25 US

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MARSAN, DEAN K.	
STREET ADDRESS	101 HUDSON STREET	
CITY-ST-ZIP	JERSEY CITY NJ 07302	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MULLER, KAREN M.	
STREET ADDRESS	3 WORLD FINANCIAL CENTER	
CITY-ST-ZIP	NEW YORK NY 10285	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BANNON, EILEEN	
STREET ADDRESS	3 WORLD FINANCIAL CENTER	
CITY-ST-ZIP	NEW YORK NY 10285	
TITLE	AS/T	<input checked="" type="checkbox"/> DELETE
NAME	MILVERSTED, MICHAEL	
STREET ADDRESS	3 WORLD FINANCIAL CENTER	
CITY-ST-ZIP	NEW YORK NY 10285	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROCCO F. ANDRIOLA	
1.3 STREET ADDRESS	3 WORLD FINANCIAL CENTER	
1.4 CITY-ST-ZIP	NEW YORK, NY 10285	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TIMOTHY E. NEEDHAM	
2.3 STREET ADDRESS	3 WORLD FINANCIAL CENTER	
2.4 CITY-ST-ZIP	NEW YORK, NY 10285	
3.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EILEEN M. BANNON	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KATHRYN M. BOPP FLYNN	
4.3 STREET ADDRESS	101 HUDSON STREET	
4.4 CITY-ST-ZIP	JERSEY CITY, NJ 07302	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JENNIFER MARRE	
5.3 STREET ADDRESS	3 WORLD FINANCIAL CENTER	
5.4 CITY-ST-ZIP	NEW YORK, NY 10285	
6.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARK J. MARCUCCI	
6.3 STREET ADDRESS	3 WORLD FINANCIAL CENTER	
6.4 CITY-ST-ZIP	NEW YORK, NY 10285	

14. I hereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EILEEN M. BANNON

ASSISTANT
SECRETARY

04/20/99 (212) 526-2327

Date

Daytime Phone #

CR2E034 (1/98)

000251