

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91022 023 ***150.00

DOCUMENT # P93000070401

1. Entity Name
THC - HOLLYWOOD, INC.



Principal Place of Business
**680 SOUTH FOURTH STREET
ATTN: TAX DEPARTMENT
LOUISVILLE, KY 40202-2412 US**

Mailing Address
**680 SOUTH FOURTH STREET
ATTN: TAX DEPARTMENT
LOUISVILLE, KY 40202-2412 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0441533

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DIAZ, PAUL J	
STREET ADDRESS	680 SOUTH FOURTH STREET	
CITY-ST-ZIP	LOUISVILLE, KY 40202	
TITLE	T	<input type="checkbox"/> Delete
NAME	LECHLEITER, RICHARD A	
STREET ADDRESS	680 SOUTH FOURTH STREET	
CITY-ST-ZIP	LOUISVILLE, KY 402022412	
TITLE	S	<input type="checkbox"/> Delete
NAME	LANDENWICH, JOSEPH L	
STREET ADDRESS	680 SOUTH FOURTH STREET	
CITY-ST-ZIP	LOUISVILLE, KY 402022412	
TITLE	VT	<input type="checkbox"/> Delete
NAME	ROBINSON, HANK	
STREET ADDRESS	680 SOUTH FOURTH STREET	
CITY-ST-ZIP	LOUISVILLE, KY 40202	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WINDHORST, DAVID R	
STREET ADDRESS	680 SOUTH FOURTH STREET	
CITY-ST-ZIP	LOUISVILLE, KY 40202	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GILLENWATER, JAMES H JR	
STREET ADDRESS	680 SOUTH FOURTH STREET	
CITY-ST-ZIP	LOUISVILLE, KY 402022412	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M. Suzanne Riedman	
STREET ADDRESS	680 S. Fourth St	
CITY-ST-ZIP	Louisville, Ky 40202	

12. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HANK ROBINSON 4/22/2004 (502) 596-7300

Date

Daytime Phone #