

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90028 015 \*\*\*150.00

**DOCUMENT # P94000082688**

1. Entity Name  
HHI ACQUISITION CORP.



Principal Place of Business  
450 EAST LAS OLAS BLVD.  
SUITE 1500  
FORT LAUDERDALE, FL 33301

Mailing Address  
450 EAST LAS OLAS BLVD.  
SUITE 1500  
FORT LAUDERDALE, FL 33301



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0606780

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

AMERICAN INFORMATION SERVICES, INC.  
801 BRICKELL AVENUE  
24TH FLOOR  
MIAMI, FL 33131

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IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE DP  
NAME HUIZENGA, H.WAYNE JR  
STREET ADDRESS 450 EAST LAS OLAS BLVD., SUITE 1500  
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE S  
NAME HANDLEY, RICHARD L  
STREET ADDRESS 450 EAST LAS OLAS BLVD., SUITE 1500  
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE VAST  
NAME BRANDEN, CRIS V  
STREET ADDRESS 450 EAST LAS OLAS BLVD., SUITE 1500  
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 Date Daytime Phone #