


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90243 006 ***150.00

DOCUMENT # P97000066321	
1. Entity Name BKRY HOLLYWOOD SPECIALISTS, INC.	

Principal Place of Business 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Mailing Address C/O LEGAL DEPARTMENT 2828 CROASDAILE DRIVE DURHAM, NC 27705 US
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14022245



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Navigant Consulting	
City & State		Two North Charles Street	
Zip		Suite 400	
Country		Baltimore, Maryland 21201	

04292004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0425489	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ DATE _____
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 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	ST	<input checked="" type="checkbox"/> Delete		TITLE	CRUD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEGNER, ANITA			NAME	Charles R. Goldstein		
STREET ADDRESS	2828 CROASDAILE DRIVE			STREET ADDRESS	Navigant Consulting		
CITY-ST-ZIP	DURHAM, NC 27709			CITY-ST-ZIP	Two North Charles Street - Suite 400		
					Baltimore, Maryland 21201		
TITLE	PCFO	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENMAN, JACK			NAME			
STREET ADDRESS	2828 CROASDAILE DR			STREET ADDRESS			
CITY-ST-ZIP	DURHAM, NC 27705			CITY-ST-ZIP			
TITLE	DCEO	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCSCOTT, STEVEN MD			NAME			
STREET ADDRESS	2828 CROASDAILE DR			STREET ADDRESS			
CITY-ST-ZIP	DURHAM, NC 27705			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:  Charles R. Goldstein, Chief Restructuring Officer, 4/30/04 410-454-6830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #