
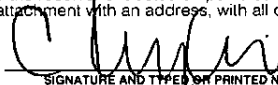


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90054 001 ***150.00
03-08-2004 90054 002 *****8.75

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # P98000026189 1. Entity Name HOLLYWOOD STATION, INC. | | | |  | |
| Principal Place of Business 4208 N 81 AVE. SUITE 1 HOLLYWOOD, FL 33021 | | | Mailing Address 4208 N 81 AVE. SUITE 1 HOLLYWOOD, FL 33021 | | |
| 2. Principal Place of Business 4208 N. 31st Avenue Suite, Apt. #, etc. #1 | | 3. Mailing Address 4208 N. 31st Avenue Suite, Apt. #, etc. #1 | | | |
| City & State Hollywood, Florida Zip 33021 | | City & State Hollywood, Florida Zip 33021 | | Country USA | |
| 4. FEI Number 03-0423498 | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent KEYE, CATHERINE W 4208 N 31 AVE. SUITE #1 HOLLYWOOD, FL 33021 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD KEYE, CATHERINE W 5411 SW 39 AVE FORT LAUDERDALE, FL 33312 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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:  | | | 11/21/04 (95A) 985-1120 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |