

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90656 035 ***150.00

0340871 AV

DOCUMENT # P98000026189

1. Entity Name

HOLLYWOOD STATION, INC.



Principal Place of Business

5411 SW 39TH AVE.

FT. LAUDERDALE FL 33312

Mailing Address

5411 SW 39TH AVE.

FT. LAUDERDALE FL 33312

2. Principal Place of Business

4208 N 31 AVE

3. Mailing Address

4208 N 31 AVE

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33021

Country

Zip

33021

Country

4. FEI Number

03-0423498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KEYE, CATHERINE W

5411 SW 39TH AVENUE

FT. LAUDERDALE FL 33312-6262

7. Name and Address of New Registered Agent

Name

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

4208 N 31 AVE

Suite #1

City

Hollywood

FL

Zip Code

33021

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

3-4-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **KEYE, CATHERINE W**
STREET ADDRESS **5411 SW 39 AVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

CR2E034 (10/02)

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 REQUIRED KEYE, CATHERINE W.

Date

Daytime Phone #

3-4-03 954 985-1120