OCUMENT # P99000102877

Entity Name

HOLLYWOOD 2000 MANAGEMENT, INC.

FILED
01 MAR -5 PM 3:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
) WESTON ROAD ITE 105 RT LAUDERDALE FL 33326	2500 WESTON ROAD SUITE 105 FORT LAUDERDALE FL 33326

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. #105	Suite, Apt. #, etc. #105
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number Applied for — [X] Applied For / [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEGAL INFORMATION SERVICES, INC.
1290 WESTON ROAD
SUITE 300
WESTON FL 33326

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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.

SIGNATURE

Signature required from registered agent even if not applicable (NOTE: Registered Agent signature required when reinstating) Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) [ ]

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME MARTINEZ, IGNACIO STREET ADDRESS 2500 WESTON ROAD SUITE 105 CITY-ST-ZIP FORT LAUDERDALE FL 33326	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition 600003828246--7 -03/09/01--01066--020 ****150.00 ****150.00
TLE ME REET ADDRESS Y-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
TLE AME REET ADDRESS Y-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition REINSTATEMENT 2000 01
TLE AME REET ADDRESS Y-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition 600003828246--7 -03/09/01--01066--021 ****600.00 ****600.00
TLE AME REET ADDRESS Y-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M. MILLIGAN MAR 0 6 2001
TLE AME REET ADDRESS Y-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition 600003828246--7 -03/09/01--01066--022 ****150.00 ****150.00

13. 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 11 or Block 12 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