## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 09, 2006 08:00 AN Secretary of State

| 1. Entity Name HOLLYWOOD SOUND, INC.   |  |                               | Secretary of State   |                          |                       |                               |
|--|--|-------------------------------|--|--------------------------|-----------------------|-------------------------------|
| Principal Place of Business  | Mailing Address  | <del></del>                   | 1  |                          | •                     |                               |
| 523 S 21ST AVE   | 523 S 21ST AVE   | _                             |  |                          |                       |                               |
| HOLLYWOOD, FL 33020-5015   | HOLLYWOOD, FL 33020-501  | HOLLYWOOD, FL 33020-5015      |  |                          |                       |                               |
| W. S.  | <del>annanga pangan anak ang ang ang ang ang ang ang ang ang ang</del> |                               |  |                          |                       |                               |
| DO NOT WOLT  | CE.  | 01182006                      | No Chg-P   | CR2E034 (11              | /05)                  |                               |
| DO NOT WRITE IN THIS SPA   |  | CE                            | 4. FEI Numb<br>65-026  |                          | <u>-  </u>            | Applied For<br>Not Applicable |
|  |  |                               |  | of Status Desired        | □ \$8.75<br>Fee Re    | 5 Additional equired          |
| 6. Name and Address of Currer  | t Registered Agent   |                               |  |                          |                       |                               |
| WEINSTEIN, LAWRENCE J<br>523 SOUTH 21ST AVENUE<br>HOLLYWOOD,, FL 33020             |  | DO NOT WRITE<br>IN THIS SPACE |  |                          |                       |                               |
| The above named entity submits this statement the obligations of registered agent. | for the purpose of changing its register                               | ed office or register         | red agent, or bo   | oth, in the State of Flo | orida. 1 am familiar  | with, and accept              |
| SIGNATURE Signalure, typed or printed name of registered age                       | nt and title if applicable. [NOTE, Registers                           | d Agent signálure require     | i when reinstagng)   | <del></del>              | DATE                  | <del></del>                   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550                 | 9. Election Campaign Fina Trust Fund Contribution.                     |                               | .00 May Be<br>led to Fees  | 02/20/06                 | 0426415<br>-80043-003 | 150.00                        |
| 10. OFFICERS AN  | DIRECTORS  |                               | The state of the s |                          |                       |                               |
| TITLE PST  | . ,  |                               |  |                          |                       |                               |
| NAME WEINSTEIN, LAWRENCE J<br>STREET ADDRESS 523 S 21ST AVE                        |  | 1                             |  |                          |                       |                               |
| CITY-ST-ZIP HOLLYWOOD, FL  |  | I                             |  |                          |                       |                               |
| TITLE VPST   |  | 1                             | •  |                          |                       |                               |
| NAME WEINSTEIN, JUDITH K.  |  |                               |  |                          |                       |                               |
| STREET ADDRESS   523 S 21ST AVE  |  | 1                             |  |                          |                       |                               |

CITY-ST-ZIP HOLLYWOOD, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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

President

2 5/06 9

954-921-14