

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S71881** (4)

1. Corporation Name

HOLLYWOOD ENTERTAINMENT, CORP.



Principal Place of Business

Mailing Address

HOLLYWOOD NIGHTS VIDEO
~~760 SO FEDERAL HWY~~
STUART FL 34994
US

HOLLYWOOD NIGHTS VIDEO
~~760 SO FEDERAL HWY~~
STUART FL 34994
US

3. Date Incorporated or Qualified
08/05/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **734 S. Federal Hwy**
Suite, Apt. #, etc.

26 **734 S. Federal Hwy**
Suite, Apt. #, etc.

4. FEI Number
65-0276761

Applied For
Not Applicable

22 City & State
STUART, FL 34994

27 City & State
STUART, FL

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip
34994

28 Zip
34994

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24 Country
MARTIN

29 Country
MARTIN

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUST, SUSAN M
760 SO FEDERAL HWY
STUART FL 34994

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0504, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and date (Required)

(Not to be signed by Agent if signature is required)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
V
TABOR, YOLANDE
~~760 SO FEDERAL HWY~~
STUART FL

TITLE ☐ DELETE

NAME
PST
RUST, SUSAN
~~760 SO FEDERAL HWY~~
STUART FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
734 S. Federal Hwy
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
734 S. Federal Hwy
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (407) 288-4240

Date

Daytime Phone #

CR2E034 (12/95)