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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Socretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F	94000004316	(5)
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ESSEX ENTERTAINMENT, INC.									
Principal Place of	Business	Mailing Address					IAT WULFF WHILL	 	181 SIŞIB ŞIŞI 1881
560 SYLVAN AVE. ENGLEWOOD CLIFFS NJ 07633 560 SYLVAN AVE. ENGLEWOOD CLIFFS N		S NJ 07633	}		ļ				
						3. Date Incorporated or Qualified 07/14/1994	1	of Last Re 11/13/19	
2. Principal Place	e of Business	2a. Mailing Address 26				4. FEI Number 22-2422501			Applied For Not Applicable
Suite, Apt. #.		Suite, Apt. #, etc.				5. Certificate of Status Desired		+ - · · ·	Additional Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution		Added	May Be to Fees
Ζφ	Country	Żφ	Cou	intry		8. This corporation has liability for	ntangible ta	x under s	199.032,
24	25	29	30	T		Florida Statutes Yes 10. Name and Address of New R		Agent	
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New P	egistereo /	Agein	
		A AVATCH INO							
	IENTICE-HALL CORPORATION AYS ST.	N SYSTEM, INC.		82	Street Add	ress (P.O. Box Number is Not Acceptat	le)		
SUITE 1				83					
	IASSEE FL 32301			0.0				85 Z ₁	p Code
				84	City		FL		
CICKIATURE	d agent, or both, in the State of Fig., and accept the obligations of, Se					ration submits this statement for the pu ard of directors. I hereby accept the app and when renstating?	DATE	registered	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF			
116	PD	[] DELETE	1.13	TITLE			(Change	☐ Addition
NAME	HYMAN, PETER		1 2 N	IAME					
STHEET ACCORESS	560 SYLVAN AVE.		135	STREET	ADDRESS				
CITY - ST - ZIF	ENGLEWOOD CLIFFS N.	J 07633		CITY-SI	I - ZIP			Change	Addition
THUE	VSTD	DELETE		TITLE	ļ		'	T Cum Ac	[
NAME	ROSENBLOOM, JACK			MAME	ADDRESS				
STREET ADDRESS	560 SYLVAN AVE. ENGLEWOOD CLIFFS N.	1.07693		DITY - S	ì				
CHY-SI-ZIP TIRLE	D ENGLEWOOD CLIFFS IN	DELETE		TITLE				Change	☐ Addition
NAME .	SIROTE, STANLEY		321	NAME					
STREET ADDRESS	560 SYLVAN AVE.		33	STREET	ADDRESS				
CITY-ST ZiP	ENGLEWOOD CLIFFS N		340	CiTY-S	T-ZIP				- A - 100
UEE		☐ DELETE	4 1	THILE				☐ Change	☐ Addition
NAME			421	NAME					
STREET ADDRESS			4.3 3	STHEET	ADDRESS				
C(*Y S) - 7(°		D DELETE		CITY - S	1-2iP			Change	☐ Addition
TITLE		☐ DELETE		TITLE	Ì			□ rumige	L. receion
NAME				NAME	45:005:00				
STREET ADDRESS					ADDRESS				
C/TY-ST-7/P		☐ DELFTE		CITY - S	51 - ZIP			Change	Addition
Title		□ peci it		NAME	l				-
NAME					r address				
SHEET ADDRESS	I		0.3	SINCE	POULTO				

6 4 CITY - ST - ZIP

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. It do hereby certify that the information supplied with this filter 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 of 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 this comparation 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 it changed, or only in an other with an address. (201) 894-8700

CR2E034 (12/95)