

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90011 009 ***550.00

DOCUMENT # F94000004316

1. Corporation Name

ESSEX ENTERTAINMENT, INC.

Principal Place of Business

95 OSER AVE
SUITE E
HAUPPAGE NY 11788
US

Mailing Address

95 OSER AVE
SUITE E
HAUPPAGE NY 11788
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1994

4. FEI Number

22-2422501

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year

Intangible Personal Property.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUCK, RAY
5266 N.W. 109TH LANE
CORAL SPRINGS FL 33076

81 Name

IAN ANDY PERL

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

20282 Monteverdi Circle

83

84 City

Boca Raton

FL

85

Zip Code

33498

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9 July 1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROSENBLUM, JACK	
STREET ADDRESS	560 SYLVAN AVE.	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07633	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SIROTE, STANLEY	
STREET ADDRESS	560 SYLVAN AVE.	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07633	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rosenbloom, Jack	
1.3 STREET ADDRESS	510 Sylvan Avenue Suite 202	
1.4 CITY-ST-ZIP	Englewood Cliffs, NJ 07632	
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sirote, Stanley	
2.3 STREET ADDRESS	510 Sylvan Avenue Suite 202	
2.4 CITY-ST-ZIP	Englewood Cliffs, NJ 07632	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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

Date

Daytime Phone #

7/8/99

CR2E034 (5/99)