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 # F95000004979 (9)

1. Corporation Name
EASTCOAST PROMOTIONS, INC.

Principal Place of Business
2525 CENTRAL AVE.
ST. PETERSBURG FL 33713

Mailing Address
2525 CENTRAL AVE.
ST. PETERSBURG FL 33713

3. Date Incorporated or Qualified: 10/12/1995
3a. Date of Last Report:

4. FEI Number: 59-3034364 — Applied For / Not Applicable

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

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

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

2. Principal Place of Business
21: 2525 Cenral Ave
22: Suite, Apt. #, etc.
23: City & State: St. Petersburg FL
24: Zip: 33713
25: County: Pinellas

2a. Mailing Address
26: 2525 Central Ave
27: Suite, Apt. #, etc.
28: City & State: St. Petersburg FL
29: Zip: 33713
30: County: Pinellas

9. **Name and Address of Current Registered Agent**
THOMPSON, W J
2525 CENTRAL AVE.
ST. PETERSBURG FL 33713

10. **Name and Address of New Registered Agent**
81: Name: W. James Thompson
82: Street Address (P.O. Box Number is Not Acceptable): 2525 Central Ave
83:
84: City: St. Petersburg FL
85: Zip Code: 33713

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

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	THOMPSON, W J	
STREET ADDRESS	2525 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	DC	☐ DELETE
NAME	THOMPSON, W J	
STREET ADDRESS	2525 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	N/A	☐ 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		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	N/A	
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	300001881023	☐ Change ☐ Addition
5.2 NAME	-07/02/96--01013--022	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	~~-07/02/96--01013--022~~	
6.3 STREET ADDRESS	~~***200.00~~	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: W J Thompson — 4-25-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #