## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000004979 (9)

EASTCOAST PROMOTIONS, INC.

## **FILED** May 05 1998 8:00am Secretary of State



| Principal Pla  | ace of Business   | Mailing A                | ddress                                       |                      |                    | 1 1001100 1110           |  | ##iii <b>##i</b> ii | A: B: A : B: II   B | 10 (01) (00)     |
|----------------|---|--------------------------|--|----------------------|--------------------|--------------------------|--|---------------------|---------------------|------------------|
| 2525 CENTI     |   | 2525 CE                  | 2525 CENTRAL AVE.<br>ST. PETERSBURG FL 33713 |                      |                    |                          |  |                     |                     |                  |
| SI. PEIER      | SBURG FL 33713  | SI. PEI                  | ERSBURG FL 33/                               | กข                   |                    |                          | DO NOT WRITE                             | IN THIS S           | PACE                |                  |
|                |   |                          |  |                      |                    | 3. Date Incorpo          | rated or Qualified                       |                     |                     |                  |
|                |   |                          |  |                      |                    | 10/12/199                | )5                                       |                     |                     |                  |
| 2. Principal   | Place of Business   | 2a, Madin                | g Address                                    |                      |                    | 4. FEI Number            |  |                     |                     | plied For        |
| 21             |   | 26                       |  |                      |                    | <u>59-3034</u>           | 59-3034364 Not Applicable                |                     |                     |                  |
| Suite, Ap      | ot. #, etc.   | Suite, Apt. #, etc.      |  |                      |                    | 5. Certificate of        | Status Desired                           |                     | \$8.75              |                  |
| 22             |   | 27                       | Chata  |                      |                    |                          |  |                     | Fee Re              |                  |
| City & St      | ate   | <u>├</u>                 | State  |                      |                    | 6. Election Cam          |  |                     | \$5.00              |                  |
| <b>23</b>      | Country   | 28] Zip                  |  | Coun                 | tru                | Trust Fund C             |  |                     | Added t             |                  |
| 24             | 25  | 29                       |  | 30                   | .,,                |                          | ion owes or has pa<br>perty Tax due June | _                   | . '                 | angibie<br>] No  |
|                | 9. Name and Address of Curre  |                          | Agent  | 1301                 |                    |                          | ddress of New Re                         |                     |                     |                  |
| -              | HOMPSON, E. JAMES   |                          |  |                      | Name .             |                          | TU                                       |                     |                     |                  |
|                | 525 CENTRAL AVE.  |                          |  | L                    | 1.54               | V+\/_\/                  | A TILL                                   | 664                 | -, F                | <u> </u>         |
|                | ST. PETERSBURG FL 33713   |                          |  | 6                    | Street Ac          | dress (P.O. Bey North    | er is flot Acceptat                      | ole)                | •                   | ,                |
| "              | or. PETENSOUNG FL 33/13   |                          |  | le le                | 5                  |                          |  | <u> </u>            |                     |                  |
|                |   |                          |  | L                    |                    |                          |  |                     |                     |                  |
| ĺ              |   |                          |  | E                    | 14 ENY /           | 3-4-040                  | £  |                     | 95 39               | <del>?</del> %-? |
| 44 Dureuge     | at to the provisions of Sections 607.05   | 02 and 607 140           | R Florida Statut                             | es the ebr           | we-named or        | waite this               | statement for the p                      | ournose of          | changing it         | horotetore a     |
| office o       | nt to the provisions of Sections 607.05<br>r registered agenth or both, in the Stat<br>I am familiar with, and accept the oblig | o of Florida Suc         | ch change was a                              | authorized           | by the exipo       | ration's board of direct | ors. I hereby accep                      | of the appo         | intment as          | registered       |
| ľ              |   | gations of Sach          |  | NICA STATU           |                    | 1821                     |  |                     |                     |                  |
| SIGNATURE      | figrature, typed or printed name of registered as   | pert and tale if applica | thin (NOT                                    | E Registered         | uent signatura ref | nujud when reinstating)  |  | DATE                |                     |                  |
| 12,            |   | ND DIRECTORS             |  | 13.                  | (                  |                          | HANGES TO OFFIC                          |                     | DIRECTOR            | S IN 12          |
| TITLE          | PS  |                          | DELETE                                       | 1.1 TITL             |                    |                          |  |                     | Сһапде              | Addition         |
| NAME           | THOMPSON, W J   |                          |  | 1.2 NAM              | IE                 |                          |  |                     |                     |                  |
| STREET ADDRESS |   |                          |  | 1.3 STR              | EET ADORESS        |                          |  |                     |                     |                  |
| City-St-Zip    | ST. PETERSBURG FL 33713   | <b>,</b>                 |  | 1.4 City             | -ST-ZIP            |                          |  |                     |                     |                  |
| TITLE          | DC  |                          | DELETE                                       | 2.1 TITL             |                    |                          |  |                     | Change              | Addition         |
| NAME           | THOMPSON, W J   |                          |  | 2.2 NAM              | Œ Î                |                          |  |                     |                     |                  |
| STREET ADDRESS | s 2525 CENTRAL AVE.   |                          |  | 2.3 STR              | EET ADORESS        |                          |  |                     |                     |                  |
| CITY-ST-ZIP    | ST. PETERSBURG FL 33713   | <b>,</b>                 |  | 2 4 CIT              | Y-ST-ZIP           |                          |  |                     |                     |                  |
| TITLE          |   |                          | DELETE                                       | 3 1 TIIL             |                    | <del></del>              |  |                     | Change              | Addition         |
| NAME           |   |                          |  | 3.2 NAM              | ie                 |                          |  |                     |                     |                  |
| STREET ADDRESS | s   |                          |  |                      | EET ADORESS        |                          |  |                     |                     |                  |
| CITY-ST-ZIP    |   |                          |  |                      | Y-S1-ZIP           |                          |  |                     |                     |                  |
| TITLE          |   |                          | DELETE                                       | 4 1 TITL             |                    |                          |  |                     | Change              | Addition         |
| NAME           |   |                          |  | 4 2 NA               | ME                 |                          |  |                     |                     |                  |
| STREET ADDRESS | s   |                          |  |                      | EET ADDRESS        |                          |  |                     |                     |                  |
| CITY-ST-ZIP    |   |                          |  |                      | -ST-ZIP            |                          |  |                     |                     |                  |
| TITLE          |   | _ · · · · · ·            | DELETE                                       | 51 TITL              |                    |                          |  |                     | Change              | Addition         |
| NAME           |   |                          | _  | 5.2 NAM              |                    |                          |  | •                   | _ •                 |                  |
| STREET ADDRESS | s   |                          |  |                      | EET ADDRESS        |                          |  |                     |                     |                  |
| CITY-ST-ZIP    | ~   |                          |  |                      | -ST-ZIP            |                          |  |                     |                     |                  |
| TITLE          |   |                          | DELETE                                       | 5.4 CITY<br>6.1 TITE |                    |                          |  |                     | Change              | Addition         |
| NAME           |   |                          | occur  | 6.2 NAM              |                    |                          |  | •                   | Onungo              |                  |
| 1              | <u>,</u>  |                          |  |                      |                    |                          |  |                     |                     |                  |
| STREET ADDRESS | s   |                          |  |                      | EET ADDRESS        |                          |  |                     |                     |                  |
| CITY-ST-ZIP    | 1   |                          |  | ■ 64 CiTY            | '-ST-ZIP           |                          |  |                     |                     |                  |

14. Thereby 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 hat my name appears in Block 13 if granfed for an attachment with an advired.