

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F96000001816 (5)

1. Corporation Name

ECHO BRIDGE PRODUCTIONS, INC.



Principal Place of Business 4 HARTFORD STREET, SUITE 202 NEWTON HIGHLANDS MA 02161	Mailing Address 4 HARTFORD STREET, SUITE 202 NEWTON HIGHLANDS MA 02161
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 44 Mechanic Street Suite, Apt. #, etc. 22 City & State 23 Newton Upper Falls, MA Zip 24 02164 Country 25 U.S.A.		2a. Mailing Address 26 1632 Pennsylvania Ave. Suite, Apt. #, etc. 27 Suite 201 City & State 28 Miami Beach, FL Zip 29 33139 Country 30 U.S.A.		3. Date Incorporated or Qualified 04/11/1996	
		4. FEI Number 04-3054730		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MORGENSTERN, MELVIN C SEMET, LICKSTEIN, MORGENSTERN ET AL. 201 ALHAMBRA CIRCLE, SUITE 1200 CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOEPEL, DAVID G 1632 PENNSYLVANIA AVE SUITE 201 MIAMI BEACH FL 33139 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Chief Financial Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Don P. Moore 1632 Pennsylvania Ave, Suite 201 Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD SNYDER, DOUGLAS H 1632 PENNSYLVANIA AVE SUITE 201 MIAMI BEACH FL 33139 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Harold Schenker 1632 Pennsylvania Ave, Suite 201 Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CONNELL, BARBARA A 1632 PENNSYLVANIA AVE SUITE 201 MIAMI BEACH FL 33139 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REAP, FRANK 7087 JULIE LANE EVERGREEN CO 80439 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 unchanged, or on an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)