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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000001816**

1. Corporation Name
ECHO BRIDGE PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
44 MECHANIC ST NEWTON UPPER FALLS MA 02164 US	1632 PENNSYLVANIA AVE STE 201 MIAMI BCH FL 33139 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1996

2. Principal Place of Business (21): 168 SE 1ST
Suite, Apt. #, etc. (22):
City & State (23): Miami, FL
Zip (24): 33131 Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 04-3054730 ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MORGENSTERN, MELVIN G
SEMET, LICKSTEIN, MORGENSTERN ET AL
201 ALHAMBRA CIRCLE, SUITE 1200
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Moore, Dona W P
82 Street Address (P.O. Box Number is Not Acceptable): 7901 S. Bayshore Drive
83: Suite 10-A
84 City: Miami FL 85 Zip Code: 33133

11. Pursuant to the provisions of Section 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: Don P. Moore 9 June 1999
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DOEPEL, DAVID G		1.2 NAME		
STREET ADDRESS	1632 PENNSYLVANIA AVE SUITE 201		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP		
TITLE	SVD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SNYDER, DOUGLAS H		2.2 NAME		
STREET ADDRESS	1632 PENNSYLVANIA AVE SUITE 201		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		2.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CONNELL, BARBARA A		3.2 NAME		
STREET ADDRESS	1632 PENNSYLVANIA AVE SUITE 201		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		3.4 CITY-ST-ZIP		
TITLE	CFO	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, DON P		4.2 NAME		
STREET ADDRESS	1632 PENNSYLVANIA AVE, STE 201		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL 33139		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHENKER, HAROLD		5.2 NAME		
STREET ADDRESS	1632 PENNSYLVANIA AVE, STE 201		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL 33139		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Donald P. Moore V.P. 29 April 1999 3056049200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #