2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2000 8:00 am DOCUMENT # F9600001816 1. Entity Name **Secretary of State** ECHO BRIDGE PRODUCTIONS, INC. 02-08-2000 90137 028 ***150.00 Principal Place of Business Mailing Address 168 SE 1ST STREET 1632 PENNSYLVANIA AVE STE 201 MIAMI FL 33131 MIAMI BCH FL 33131-1403 2. Principal Place of Business 3. Mailing Address st street ८०। DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 100 City & State 4. FEI Number Applied For 04-3054730 Not A..... \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent-Name MOORE, DONA W P Street Address (P.O. Box Number is Not Acceptable) 2901 S BAYSHORE DRIVE **STE 10-A** MIAMI FL 33133 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Change ☐ Delete TITLE TITLE DOEPEL, DAVID G MARIE NAME 168 SE 1st Street - 10th floor 1632 PENNSYLVANIA AVE SUITE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 SITY-ST-ZIP ☐ Delete TITLE TITLE SNYDER, DOUGLAS H NAME NAME 1632 PENNSYLVANIA AVE SUITE 201 Same as above STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-7IP Change . TITLE TITLE= CONNELL, BARBARA A NAME NAME 1632 PENNSYLVANIA AVE SUITE 201 STREET ADDRESS some as above STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP **CFO** Change Change Delete TITLE MOORE, DON P NAME NAME same as above 1632 PENNSYLVANIA AVE, STE 201 STREET ADDRESS STREET ADDRESS MIAMI BCH FL 33139 SITY-ST-ZIP CITY-ST-ZIP Change ☐ Defete TITLE SCHENKER, HAROLD NAME NAME some as Alone 1632 PENNSYLVANIA AVE, STE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH FL 33139 Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 report or supplemental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 or happened at the same legal effect as if made under oath; the like appears in Block 11 or Block 12 or happened. ther like npowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR