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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90001 039 ***150.00

DOCUMENT # M24018 1. Corporation Name

NEW FRONTIER ENTERTAINMENT, INC.

Principal Place of Business Mailing Address									
2455 E. SUNRISE BLVD. P O BOX 879									•
SUITE 905		W BARNSTABLE MA 0266	ARNSTABLE MA 02668			DO NOT WRITE IN THIS SPACE			
FT. LAUDERDALE FL 33304 US									
US						3. Date Incorporated or Qualifed			
		•	-			12/02/1985	 -		L. 1. F
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For		
21		26				59-2612949	Not Applicable \$8.75 Additional		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			
22	_	27	27				F06	e Req	uired
City & Stat	e	City & State	City & State			6. Election Campaign Financing			May Be
23		28	28			Trust Fund Contribution	Add	led to	Fees
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible			
24	25 29 30]		Personal Property Tax. Yes No			
	9. Name and Address of Cu	irrent Registered Agent				10. Name and Address of New Registered	Agent		
				81	Name				
GREENE, RICHARD P. ESQ.				DO CO A A A A A A A A A A A A A A A A A A					
2455 E SUNRISE BLVD				82 Street Address (P.O. Box Number is Not Acceptable)					
STE 905				83	 				
	LAUDERDALE FL 33304		1	•					_
, , , , , , , , , , , , , , , , , , ,	LAUDENDALE I E 30304			84	City	FL	85 2	Zip Co	ode
								_ '!	
i office or r	registered agent, or both, in the Si	: 0502 and 607.1508, Florida State state of Florida. Such change was bligations of, Section 607.0505, F	authorized	bγ	the corporati	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoint	ntment a	s regi	stered
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE:					nt signature require	red when reinstating) DATE	ID DIDE	OTO:	20 151 40
12.	, 	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AT			
TITLE	PSD	☐ DELETE	1.1 TITI	LΕ			Char	ige	Addition !
NAME	PECCHIA, DONALD M.			1.2 NAME					
STREET ADDRESS	STREET ADDRESS 2455 E. SUNRISE BLVD., STE. 905			1.3 STREET ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL 333		1,4 CITY-ST-ZIP						
TITLE	D DELETE			2.1 TITLE			☐ Char	nge	☐ Addition
NAME	GREENE, RICHARD P ESQ.			ME					
	ALEE E OLINDION BLUD, OTE COP				TADDRESS	•			
STREET ADDRESS									
CITY-ST-ZIP	-ZIP FT LAUDERDALE FL 33304				ST-ZiP		Char	nae	Addition
TITLE	E DELETE			TLE					
NAME				ME					
STREET ADDRESS	ESS			REET	TADDRESS				
CITY-ST-ZIP				TY-S	ST-ZIP				
TITLE	DELETE		4.1 TIT	4.1 TITLE			☐ Char	nge	☐ Addition
NAME		•	4. 2 NA	AME	}				
STREET ADDRESS			4.3 ST	REE	TADDRESS				
CITY-ST-ZIP			4.4 CIT	TY-S	ST-ZIP				
TITLE	☐ DELETE			ΓLE			☐ Char	nge	☐ Addition
			5.2 NA	ME					
NAME	1				T ADDRESS				
STREET ADDRESS			5.4 CM						
CITY-ST-ZIP	ZIP DELETE			ILE	11-ZIF		☐ Char	nce.	Addition
TITLE	•	C) DELETE						ng.	
NAME			6.2 NA			<i>E111</i> 1			
STREET AODRESS					TADDRESS	Beckty/13			j
1	1		6460	TV. C	7170	/ <i>T</i> /~ .			

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 adachment with an address, with all other like empowered. 14. I hereby certify that the information supplied with this filing does not qualify for the

SIGNATURE: