

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90035 014 \*\*\*150.00

<b>DOCUMENT # P02000116787</b> 1. Entity Name <b>EAST COAST COMMUNICATIONS, INC.</b>					
Principal Place of Business <b>2650 NE 50TH STREET LIGHTHOUSE POINT, FL 33064</b>			Mailing Address <b>2650 NE 50TH STREET LIGHTHOUSE POINT, FL 33064</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 50286</b> Suite, Apt. #, etc.			
City & State City: <b>Lighthouse Point, FL</b>		4. FEI Number <b>57-1138413</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33074</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CARTER, TERRY D 2650 NE 50TH STREET LIGHTHOUSE POINT, FL 33064</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CARTER, TERRY D 2650 NE 50TH STREET LIGHTHOUSE POINT, FL 33064</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: Terry D. Carter</b> <b>Terry D. Carter</b> <b>1/11/05</b> <b>(954) 574 0415</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					