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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000019367 (8)

EN	TENTAINMENT AND COMMO	NICATIONS GN	OUP, INC.				
Principal	Place of Business	Mailing Address				I SANGINDO LON LÆSEL ADVID ÆDDIT ADVID ÆSEL ARVOL DI	Din Lates civis Silly (Ed) (60)
21300 SAN SIMEON WAY SUITE R-1 NORTH MIAMI BEACH FL 33179		21300 SAN SIMEON WAY SUITE R-1 NORTH MIAMI BEACH FL 33179				DO NOT WRITE IN THIS	SPACE
						3. Date Incorporated or Qualified 03/09/1995	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	Applied For
21		26				65-0564653	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip	Country		-	This corporation owes or has pald the cu     Personal Property Tax due June 30.	rrent year Intangible
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
PASTERNACK, MARSHALL R					Name		
	Greenberg Taurig et al 1221 Brickell avenue			82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)	
	MIAMI FL 33131			63			
				84	City	Fl	85 Zip Code
l office	uant to the provisions of Sections 607.0 e or registered agent, or both, in the St at. I am femiliar with, and accept the ob	ate of Ftorida. Such cl	hange was authorize	id by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered pointment as registered

SIGNATURE			
12.		Registered Agent signature r	required when reinstaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	OFFICERS AND DIRECTORS  PSTD DELETE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	-	1.1 TITLE	Li Change Li Adonion
NAME	WAGNER, KEVIN	1.2 NAME	
STREET ADDRESS	21300 SAN SIMEON WAY, #R-1	1.3 STREET ADDRESS	
CFTY - ST - ZIP	NORTH MIAMI BEACH FL 33179	1.4 CITY - ST - ZIP	
TITLE	☐ DELETE	2.1 HTLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADORESS	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	<u> </u>
TITLE	DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	·
CITY - ST - ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	Ì
STREET ADDRESS		4.3 STREET ADORESS	
CITY-SI-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	Change Addition
NAME (		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-Z#P		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	ļ
CITY-ST-ZIP		6.4 CITY-ST-ZIP	i

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.

SIGNATURE:

4-20-98

(305) 654-9900

**FILED** 

Apr 27 1998 8:00am

Secretary of State