FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90114 032 ***158.75

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

Mailing Address

21300 SAN SIMEON WAY

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000019367

1. Corporation Name

Principal Place of Business

21300 SAN SIMEON WAY

SUITE R-1

ENTERTAINMENT AND COMMUNICATIONS GROUP, INC.

INORIH MIAMI	BEACH FL 33179	NORTH MIAMI BEACH FL 331/9			1 00110111	THE HALLING	// //	
					, ,	3. Date Incorporated or Qualifed		
				_	03/09/1995			
2. Principal Place of Business		2a, Mailing Address 26		4. FEI Number		_ 	plied For of Applicable	
21				65-0564653	65-0564653			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	×	\$8.75		
22		27				Fee Re		
City & Stat	te	City & State		6. Election Campaign Financir	ng 🗆	\$5.00	•	
23		28			Trust Fund Contribution		Added	o Fees
Zip	Country	Zip	· ·		8. This corporation owes the o	urrent year Inta		<u></u>
24	25	29 36	<u> </u>		Personal Property Tax.		Yes	MNo
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of Ne	w Registered A	<u>.ge</u> nt	
			81	Name				
PASTERNACK, MARSHALL R			82 Street Address (P.O. Box Number is Not Acceptable)					
GRE	ENBERG TAURIG ET AL		82 Street Au		Address (F.O. Dox Namber is Not Addr	,pidbic)		
122		83	3					
MIAMI FL 33131								
			84	City		Fi	85 Zip (Code
				J			h - naina ita	registered
11. Pursuant	to the provisions of Sections 607.0503	2 and 607.1508, Florida Statutes, of Florida, Such change was auth	tne abov	/e-named / the com	d corporation submits this statement for to coration's board of directors. I hereby ac	ne purpose of c cept the appoin	manging its tment as re	gistered
agent. I a	im familiar with, and accept the obligat	tions of, Section 607.0505, Florida	a Statute:	S	•			
SIGNATURE	•							
OIGHATORE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	gistered Age	nt signature	required when reinstating)	DATE		
12.		D DIRECTORS	13.	_	ADDITIONS/CHANGES TO	OFFICERS AN	_	
TITLE	PSTD	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	WAGNER, KEVIN		1.2 NAME					
STREET ADDRESS	21300 SAN SIMEON WAY, #R-	1	1.3 STREE	T ADDRESS				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3317		1,4 CITY-5	ST-ZIP				
TITLE	Troping and a second	☐ DELETE	2.1 TITLE				Change	Addition
NAME			2.2 NAME					
				T ADDRESS				
STREET ADDRESS	Į.		l					
~ CrTY-ST-ZIP ~	□ OELETE		2.4 CITY-ST-ZIP		1 2 2 2 2 2 2	:::	Change	☐ Addition
TITLE		□ occeie						
NAME			3.2 NAME					
STREET ADDRESS	1		3.3 STREE	ET ADDRESS	§			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				FD 4 3490
TITLE	İ	☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4, 2 NAME	:				
STREET ADDRESS			4.3 STREE	T ADDRESS	s			
CITY-ST-ZIP	ĺ.		4.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	_			Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ET ADDRESS				
!			5.4 CITY-					
CITY-ST-ZIP		□ DELETE	6.1 TITLE				Change	☐ Addition
TITLE		DELETE	6.2 NAME		1		الوالدات ب	
NAME								
STREET ADDRESS				T ADDRESS	'			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP				

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.

SIGNAPURE REQUIRED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR