2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000019367

ENTERTAINMENT AND COMMUNICATIONS GROUP, INC.



Principal Place of Business

1464 PRESIDENTIAL WAY NORTH MIAMI BEACH, FL 33179 Mailing Address

1464 PRESIDENTIAL WAY NORTH MIAMI BEACH, FL 33179

FILED May 01, 2007 8:00 am Secretary of State

05-01-2007 90003 023 ***158.75



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03132007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0564653

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PASTERNACK, MARSHALL R 200 S BISCAYNE BLVD STE 2500 MIAMI, FL 33131 ...

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						,
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or both, in the S	State of Florida. I am familiar w	vith, and accept
SIGNATURE_						
	Signature, typed or printed name of registered agent and title	d applicable. (NOTE: Registered	Agent signaturi	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS	PSTD WAGNER, KEVIN 1464 PRESIDENTIAL WAY					;
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179					1
TITLE NAME STREET ADDRESS CITY-ST-ZIP						·
TITLE NAME STREET ADDRESS			-		}	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

WAGHER KEVIN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR