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May 08, 1999 8:00 am
Secretary of State

05-08-1999 90022 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000058014

1. Corporation Name

RAMP DESIGN STUDIOS, INC.

Principal Place of Business

Mailing Address

**206 DANBURY ROAD
WILTON CT 06899**

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WILTON CT 06899**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/02/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0786413	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SMITH, LINDA M ESQ
11900 BISCAYNE BLVD SUITE 200
MIAMI FL 33181**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, ROGER L	1.2 NAME	Kenneth S. Greenberg
STREET ADDRESS	2137 HIBISCUS CIRCLE	1.3 STREET ADDRESS	1266 E. main Street
CITY-ST-ZIP	NORTH MIAMI FL 33181	1.4 CITY-ST-ZIP	Stamford, Ct. 06902
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Noah Mallan - Vice Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIPODO, ANTHONY J	2.2 NAME	and Director
STREET ADDRESS	1131 NE 97 STREET	2.3 STREET ADDRESS	110 E. 59th Street
CITY-ST-ZIP	MIAMI SHORES FL 33138	2.4 CITY-ST-ZIP	New York, NY 10022
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUSSA, GEORGE	3.2 NAME	Scott C. Dunn
STREET ADDRESS	520 N.W. 60 COURT	3.3 STREET ADDRESS	206 Danbury Road
CITY-ST-ZIP	MIAMI CITY FL 33126	3.4 CITY-ST-ZIP	Wilton, Ct. 06897
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALTER, STEVEN C	4.2 NAME	Dali Masud
STREET ADDRESS	5785 SW 88 AVEBYE	4.3 STREET ADDRESS	110 E. 59th Street
CITY-ST-ZIP	COOPER CITY FL 33328	4.4 CITY-ST-ZIP	New York, New York 10022
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKINNER, RAYMOND	5.2 NAME	
STREET ADDRESS	2333 BRICKELL AVENUE #508	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott C. Dunn - Treasurer and Director

4/29/99

Date

203-834-6363

Daytime Phone #

CR2E034 (11/98)