

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90143 047 ***150.00

DOCUMENT # P98000096551

1. Entity Name
EAST COAST PRODUCTIONS CORP.

Principal Place of Business

~~2899 COACOOCHIEE AVE.~~
COCONUT GROVE FL 33133

Mailing Address

~~2899 COACOOCHIEE AVE.~~
COCONUT GROVE FL 33133

2. Principal Place of Business

2600 Douglas Rd.

Suite, Apt. #, etc.

Suite 900

Coral Gables, FL

Zip

33134

Country

US

3. Mailing Address

3400 S.W. 27th Ave.

Suite, Apt. #, etc.

906

Coconut Grove, FL

Zip

33133

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0877446

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DESIMONE, LANA

~~2899 COACOOCHIEE AVE.~~ **3400 S.W. 27th Ave.**
COCONUT GROVE FL 33133

Coconut Grove, FL 33133

7. Name and Address of New Registered Agent

Name **Same**

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

City

FL

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.

SIGNATURE *Lana K. Desimone*

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb. 15, 2002

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DESIMONE, LANA	
STREET ADDRESS	2899 COACOOCHIEE AVE.	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	VICE PRESIDENT / CHIEF FINANCIAL OFFICER	
NAME	VINCENT DESIMONE	
STREET ADDRESS	2600 Douglas Rd. suite 900	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	SECRETARY / TREASURER	<input type="checkbox"/> Delete
NAME	MICHAEL RAKUSIN	
STREET ADDRESS	2600 Douglas Rd. suite 900	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director / President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lana Desimone	info
STREET ADDRESS	2600 Douglas Road suite 900	
CITY-ST-ZIP	Coral Gables, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lana K. Desimone **LANA K. DeSIMONE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 860-8330

CR2E034 (9/01)