2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000079250

1. Entity Name
EAST COAST ENTERTAINMENT, INC.

Principal Place of Business
111 SW 2ND AVENUE
FORT LAUDERDALE, FL 33301

Mailing Address
111 SW 2ND AVENUE
FORT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

01232006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0953058

☐ Applied For
☐ Not Applicable

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

6. **Name and Address of Current Registered Agent**

GOLDING, SHELDON
800 SOUTHEAST 3RD AVENUE
SUITE #300
FORT LAUDERDALE, FL 33316

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________

Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	TASCIONE, WENDY
STREET ADDRESS	111 SW 2ND AVE.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	SD
NAME	CORDARO, JAMES
STREET ADDRESS	111 SW 2ND AVE.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	P
NAME	TOSCIONE, MICHAEL
STREET ADDRESS	111 S.W. 2ND AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: [signature] MIKE TASCIONE 2-23-06 954-522-0733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #