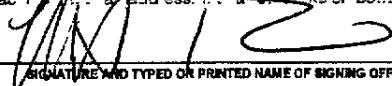


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000079250 1. Entity Name EAST COAST ENTERTAINMENT, INC.		
Principal Place of Business Mailing Address 111 SW 2ND AVENUE 111 SW 2ND AVENUE FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301		
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GOLDING, SHELDON 800 SOUTHEAST 3RD AVENUE SUITE #300 FORT LAUDERDALE, FL 33316		DO NOT WRITE IN THIS SPACE
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 _____ DATE _____ Signature of person who signed name of registered agent and fee paid NOTE: Registered Agent's name required when registering		
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	DO NOT WRITE IN THIS SPACE
NAME	TASCIONE, WENDY	
STREET ADDRESS	111 SW 2ND AVE.	
CITY-STATE-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	SD	
NAME	CORDARO, JAMES	
STREET ADDRESS	111 SW 2ND AVE.	
CITY-STATE-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	P	
NAME	TOSCIONE, MICHAEL	
STREET ADDRESS	111 S.W. 2ND AVE	
CITY-STATE-ZIP	FORT LAUDERDALE, FL 33301	
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 199, 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 "C" or Block "D" if changed, or on an attachment with an address, in Block "E", as empowered.		
SIGNATURE:  MIKE TASCIONE 2-23-06 954-522-0733 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone		

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



01232006 No Chg-P CR2E034 (11/05)

4. Fee Number 65-0953058	Added For Not Added
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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04/13/06 80002-021 150.00