

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90730 021 \*\*\*\*70.00

**DOCUMENT # N96000004774**

1. Entity Name

**STREET BEAT, INCORPORATED**

Principal Place of Business

Mailing Address

**103 N W 10TH AVE  
 SOUTH BAY FL 33493**

**P. O. BOX 972  
 SOUTH BAY FL 33493  
 US**

2. Principal Place of Business

**103 NW 10th Ave.**

3. Mailing Address

**P. O. Box 972**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**South Bay, Florida**

City & State

**South Bay, Florida**

4. FEI Number

**65-0646408**

Applied For

Not Applicable

Zip

**33493**

Country

**USA**

Zip

**33493**

Country

**USA**

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACKSON, KENNETH K JR  
 1101 CHORUS WAY  
 ROYAL PALM BEACH FL 33411**

Name

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

**5/22/02**  
 DATE

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

(NOTE: Registered Agent signature required when reinstating)

**Kenneth K. Jackson Jr., Executive Director**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>OLIVER, WAYNE M</b>	
STREET ADDRESS	<b>12591 87TH ST N</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33411</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARRIETT, DESMOND</b>	
STREET ADDRESS	<b>102 BROOK WOOD WAY</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33411</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JACKSON, MICHAEL</b>	
STREET ADDRESS	<b>235 S.W. 2ND AVE.</b>	
CITY-ST-ZIP	<b>SOUTH BAY FL 33493</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PARSON, KEN</b>	
STREET ADDRESS	<b>1085 ELLEN COURT</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	
TITLE	<b>ED</b>	<input type="checkbox"/> Delete
NAME	<b>JACKSON, KENNETH K JR</b>	
STREET ADDRESS	<b>1101 CHORUS WAY</b>	
CITY-ST-ZIP	<b>ROYAL PALM BEACH FL 33411</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>NEITA, ANDREW</b>	
STREET ADDRESS	<b>1025 GRANDVIEW CIRCLE</b>	
CITY-ST-ZIP	<b>ROYAL PALM BEACH FL 33411</b>	

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	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, 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 REQUIRED**

**Kenneth K. Jackson, Jr. 5/22/02 561-**

**993-9916**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



Attachment  
ID# N96000004774  
B0125780

**REMAINING OFFICERS AND DIRECTORS**

**Title:** P (President)  
**Name:** Mr. Robert Hennes  
**Street Address:** 9091 Brandy Lane  
**City-St-Zip:** Lake Worth, FL 33467

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**Title:** D  
**Name:** Mrs. Marjorie Dowdell  
**Street Address:** 316 N.W. 12th Drive  
**City-St-Zip:** Belle Glade, FL 33430

**Title:** D  
**Name:** Mr. Alfred Mueller  
**Street Address:** 5505 Center Street  
**City-St-Zip:** Jupiter, FL 33458-3941

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