


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90495 001 ****70.00

DOCUMENT # N96000004774

1. Entity Name
STREET BEAT, INCORPORATED



Principal Place of Business
**103 N W 10TH AVE
SOUTH BAY FL 33493**

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

2. Principal Place of Business
103 N.W. 10th Ave.

3. Mailing Address
P. O. Box 972

Suite, Apt. #, etc.
n/a

City & State
South Bay, FL

City & State
South Bay, FL

Zip
33493

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0646408** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**JACKSON, KENNETH K JR
1101 CHORUS WAY
ROYAL PALM BEACH FL 33411**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Kenneth K. Jackson, Jr. Exec. Dir.** **4/25/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLIVER, WAYNE M 12591 87TH ST N WEST PALM BEACH FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIETT, DESMOND 102 BROOK WOOD WAY WEST PALM BEACH FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, MICHAEL 235 S.W. 2ND AVE. SOUTH BAY FL 33493 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARSON, KEN 1065 ELLEN COURT MELBOURNE FL 32935 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED JACKSON, KENNETH K JR 1101 CHORUS WAY ROYAL PALM BEACH FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NETTA, ANDREW 1025 GRANDVIEW CIRCLE ROYAL PALM BEACH FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.** **4/25/03** **561-993-9976**

CR2E037 (10/02)

90107500

ATTACHMENT
N9600000 4774

**2003 Not-For-Profit Corporation
Uniform Business Report (UBR)**

STREET BEAT, INC.

Additional Officers and Directors

Title: P (President)
Name: Robert Hennes
Address: 9091 Brandy Lane
City-ST-Zip: Lake Worth, FL 33467

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

Title: D
Name: Alfred Mueller
Address: 5505 Center Street
City-ST-Zip: Jupiter, FL 33458-3941