

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUN 18 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1. Corporation Name P97000096439

Beacon Bay Entertainment, Inc

Principal Place of Business Mailing Address

300 S.E. Mizner Rd.
Boca Raton, FL 33432-6039

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11-14-97

4. FEI Number

65-0795292

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

CT CORPORATION SYSTEMS

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

1200 SOUTH PINE ISLAND ROAD

83

84 City

PLANTATION

FL

85 Zip Code 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Carrie Bryan
Signature typed or printed name of registered agent and title if applicable

Carrie Bryan Special Asst Secretary
(NOTE: Registered Agent signature required when registering)

6-18-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

1.1 TITLE T Change Addition
1.2 NAME Marc. R. Leizman
1.3 STREET ADDRESS 300 S.E. Mizner Rd
1.4 CITY-ST-ZIP Boca Raton, FL 33432-6039

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

2.1 TITLE P Change Addition
2.2 NAME John Blair
2.3 STREET ADDRESS 300 S.E. MIZNER RD.
2.4 CITY-ST-ZIP BOCA RATON, FLORIDA 33432

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

3.1 TITLE S Change Addition
3.2 NAME LANCE B. JOHNSON
3.3 STREET ADDRESS 1400 WET HILL DRIVE
3.4 CITY-ST-ZIP GATES MILLS, OHIO 44040

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

4.1 TITLE Change Addition
4.2 NAME 800002566788-4
4.3 STREET ADDRESS -06/19/98--01124--012
4.4 CITY-ST-ZIP ****150.00 ****150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or of an attachment with an address.

SIGNATURE:

Marc Leizman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARC LEIZMAN

4/24/98

361-362-8116

Date

Daytime Phone #

CR2E034 (10/97)