

FILED
Apr 13, 2005 8:00 am
Secretary of State

03-16-2005 90034 050 ****61.25
 04-13-2005 90040 025 ****88.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # D99000018780
 1. Entity Name
 BEAST ROW INC., DBA MIXER'S BAR & GRILLE

DO NOT WRITE IN THIS SPACE

20031514

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 3430 EASTLAKE RD SUITE # 1
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 PALM HARBOR, FL

City & State

4. FEI Number
 59-3584400

Applied For
 Not Applicable

Zip
 34685

Country

Zip
 Country

5. Certificate of Status Desired \$9.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
 GERARD A VALENTE

Street Address (P. O. Box Number is Not Acceptable)
 3430 EASTLAKE RD SUITE # 1

City
 PALM HARBOR

FL

Zip Code
 34695

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 GA Valente DATE 3/10/2005
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$81.25
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NANCY A DATILO 2791 ALEXANDER DR CLEARWATER, FL 33783	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT GERARD A VALENTE 2791 ALEXANDER DR CLEARWATER, FL 33763	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: GA Valente GA VALENTE, VICE PRESIDENT 2/28/2005 727-787-2710
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #