FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90501 019 ***150.00

DOCUMENT # F01000005047

1. Entity Name

BEACHSIDE SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1355 W. PALMETTO PARK RD.	1355 W. PALMETTO PARK RD.
Suite, Apt. #, etc. #316	Suite, Apt. #, etc. #316
City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33486 Country USA	Zip 33486 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 880322293 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: TIM SULLIVAN

Street Address (P.O. Box Number is Not Acceptable): 1355 W. PALMETTO PARK RD., #316

City: BOCA RATON FL Zip Code: 33486

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: _____ DATE
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P/S/T/D
NAME	LANCE KERNESS
STREET ADDRESS	101 CONVENTION CENTER DR., #700
CITY-ST-ZIP	LAS VEGAS, NV 89109
TITLE	V.P.
NAME	TIM SULLIVAN
STREET ADDRESS	1355 W. PALMETTO PARK RD., #316
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Tim Sullivan V.P. (TIM SULLIVAN) 5/6/02 561-347-1578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #