2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000002018

1. Entity Name
NGP BEACON STATION MIAMI, INC.

Principal Place of Business	Mailing Address
1650 TYSONS BLVD., SUITE 950 MCLEAN, VA 22102	1650 TYSONS BLVD., SUITE 950 MCLEAN, VA 22102

04012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1624661
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	VAHABZADEH, ALEX
STREET ADDRESS	1650 TYSONS BLVD., SUITE 950
CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	DP
NAME	IUDICELLO, AL
STREET ADDRESS	1650 TYSONS BLVD., SUITE 950
CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	DV
NAME	SPIKERMAN, RICHARD
STREET ADDRESS	1650 TYSONS BLVD., SUITE 950
CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	S
NAME	ROMAR, RICK
STREET ADDRESS	1650 TYSONS BLVD., SUITE 950
CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	AS
NAME	O'SHEA, TIMOTHY
STREET ADDRESS	1650 TYSONS BLVD., SUITE 950
CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	COO
NAME	WATSON, ELIZABETH
STREET ADDRESS	1650 TYSONS BLVD., SUITE 950
CITY-ST-ZIP	MCLEAN, VA 22102

U00000364442
05/06/05-80045-001 550.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Al Iudicello 703-748-7440 May 2, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #