


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # K14595 1. Entity Name BEACH VIDEO, INC.	
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Principal Place of Business 3350 E ATLANTIC BLVD POMPANO BEACH, FL 33062	Mailing Address 3350 E ATLANTIC BLVD POMPANO BEACH, FL 33062
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0026955	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COURTY, STEPHANIE S. 3350 EAST ATLANTIC BLVD POMPANO BEACH, FL 33062

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARLINGHOUSE, CHARLES 3350 E ATLANTIC BLVD POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARLINGHOUSE, CARY S 3350 E ATLANTIC BLVD POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, GENE W. 3350 E ATLANTIC BLVD POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, IVAN J. 3350 E ATLANTIC BLVD POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COURTY, STEPHANIE S. 3350 E ATLANTIC BLVD POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000012502 01/26/04-80013-004 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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)(f), 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: Charles Garlinghouse **1/19/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #