

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90224 022 ***150.00

00367/93 AV

DOCUMENT # L65880

1. Entity Name
BEACHCHAIR PRODUCTIONS, INC.



Principal Place of Business
**1727 N.E. 27TH DR
FT LAUDERDALE FL 33334
US**

Mailing Address
**1727 N.E. 27TH DR
FT LAUDERDALE FL 33334
US**



2. Principal Place of Business
881 SW 21st St.

3. Mailing Address
881 SW 21st St.

CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON, FL.

City & State
BOCA RATON, FL

4. FEI Number **65-0198328**

Applied For
 Not Applicable

Zip
33486

Country
PALM BEACH

Zip
33486

Country
PALM BEACH

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

6. Name and Address of Current Registered Agent

**KIMELMAN, DAVID
1727 N.E. 27TH DR
FT LAUDERDALE FL 33334**

7. Name and Address of New Registered Agent

Name **DAVID KIMELMAN**
Street Address (P.O. Box Number, is Not Acceptable)
881 SW 21st St.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David Kimelman*

DATE **1/15/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KIMELMAN, DAVID	
STREET ADDRESS	1727 N.E. 27TH DR	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KIMELMAN, SUSAN	
STREET ADDRESS	1727 N.E. 27TH DR	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID KIMELMAN	
STREET ADDRESS	881 SW 21st St	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN KIMELMAN	
STREET ADDRESS	881 SW 21st St.	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *David Kimelman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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