2004 FOR PROFIT CORPORATION

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 03, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P02000034890 05-03-2004 90998 033 ***150.00 ISLAND BEAT MARKETING, INC. Mailing Address Principal Place of Business 4141 NW 5TH ST STE 104 14070 4141 NW 5TH ST STE 104 PLANTATION, FL 33317 PLANTATION, FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 CR2E034 (10/03) City & State City & State 4. FÉI Number Applied For 03-0415182 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name M.A. AITCHESON & ASSOC. INC. Street Address (P.O. Box Number is Not Acceptable) 4141 NW 5TH ST STE 104 PLANTATION, FL 33317 Zip Code 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 printedinarile of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 П After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 11. Delete TITLE Change Addition NIXON, KAREN NAME NAME STREET ADDRESS 4141 NW 5TH ST STE 104 STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33317 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME AITCHESON, MIKE NAME STREET ADDRESS 4141 NW 5TH ST STE 104 STREET ADDRESS PLANTATION, FL 33317 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition JOSEPH, GLENN NAME NAME STREET ADDRESS 4141 N 5TH ST #104 STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33317 CITY-ST-ZIP TITLE DS Delete TITLE Addition Change NAME SCOTT, DENESE NAME STREET ADDRESS 4024 BAYCHESTER AVE STREET ADDRESS **4024 BAUCHESTER AVE** CITY-ST-ZIP **BRONX, NY 10452** CITY-ST-ZIP BRONX NY 10452 TITLE ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY-ST-ZIP 101 F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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.

FILED

954 181-6005

Date