

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034890

FILED
May 03, 2005
Secretary of State

Entity Name: ISLAND BEAT MARKETING, INC.

Current Principal Place of Business:

4141 NW 5TH ST STE 104
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

4141 NW 5TH ST STE 104
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 03-0415182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

M.A. AITCHESON & ASSOC. INC
4141 NW 5TH ST STE 104
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NIXON, KAREN
Address: 4141 NW 5TH ST STE 104
City-St-Zip: PLANTATION, FL 33317

Title: PMD () Delete
Name: AITCHESON, MIKE
Address: 4141 NW 5TH ST STE 104
City-St-Zip: PLANTATION, FL 33317

Title: DS () Delete
Name: SCOTT, DENESE
Address: 4024 BYACHESTER AVE.
City-St-Zip: BRONX, NY 10452

Title: P () Delete
Name: CORTES, ALFREDO
Address: 4141 NW 5TH STREET
City-St-Zip: PLANTATION, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: SCOTT, DENESE
Address: 4024 BAYCHESTER AVE.
City-St-Zip: BRONX, NY 10452

Title: D (X) Change () Addition
Name: CORTES, ALFREDO
Address: 4141 NW 5TH STREET
City-St-Zip: PLANTATION, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A AITCHESON

MD

05/03/2005

Electronic Signature of Signing Officer or Director

_____ Date