

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034890

FILED  
Mar 16, 2007  
Secretary of State

Entity Name: ISLAND BEAT MARKETING, INC.

**Current Principal Place of Business:**

4141 NW 5TH STREET  
100  
PLANTATION, FL 333172158

**New Principal Place of Business:**

**Current Mailing Address:**

4141 NW 5TH STREET  
100  
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 STREET  
100  
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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NIXON, KAREN  
Address: 4141 NW 5TH ST STE 100  
City-St-Zip: PLANTATION, FL 33317

Title: PMD ( ) Delete  
Name: AITCHESON, MIKE  
Address: 4141 NW 5TH ST STE 100  
City-St-Zip: PLANTATION, FL 33317

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: AITCHESON-BLAND, SHANNA  
Address: 4141 NW 5TH ST STE 100  
City-St-Zip: PLANTATION, FL 33317

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

Title: D (X) Change ( ) Addition  
Name: FENTON, TANYA  
Address: 4141 NW 5TH STREET  
City-St-Zip: PLANTATION, FL 33317

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 AITCCHESON

PMD

03/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date