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Jun 02, 2003 8:00 am
Secretary of State
05-05-2003 91880 020 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55045527

[redacted]

03-0415182

DOCUMENT # P02000034890

1. Entity Name
ISLAND BEAT MARKETING, INC.

Principal Place of Business	Mailing Address
4141 NW 5TH ST STE 104 PLANTATION, FL 33317	4141 NW 5TH ST STE 104 PLANTATION, FL 33317

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELLIS, KARLENEE 4141 NW 5TH ST STE 104 PLANTATION, FL 33317	Name: M. A. AITCHESON & ASSOC. INC. Street Address (P.O. Box Number is Not Acceptable): 4141 NW 5TH STREET, #104 City: PLANTATION FL Zip Code: 33317

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: [signature] DATE: 4/29/03

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ELLIS, KARLENE 4141 NW 5TH ST STE 104 PLANTATION, FL 33317	☑ Delete	DIRECTOR KAREN NIXON 4141 NW 5TH ST #104 PLANTATION, FL 33317	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PMD AITCHESON, MIKE 4141 NW 5TH ST STE 104 PLANTATION, FL 33317	☐ Delete	DIRECTOR GLENN JOSEPH 4141 NW 5TH ST, #104 PLANTATION, FL 33317	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS TULLOCH, MAXINE 9931 NW 19TH ST PEMBROKE PINES, FL 33024	☑ Delete	DIRECTOR/SECRETARY DENESE SCOTT 4024 BAYCHESTER AVE BRONX, NY 10452	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] 4/29/03
(BOTH TYPE AND PRINT NAME OF PERSON SIGNING) (OFFICER OR DIRECTOR) (Date)