

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90011 030 \*\*\*150.00

**DOCUMENT # P02000069595**

1. Entity Name  
**BEACHROCKRADIO ENTERPRISES, INC.**



Principal Place of Business  
**10901 BRIGHTON BAY BOULEVARD, APT. 5203  
ST. PETERSBURG, FL 33716**

Mailing Address  
**POST OFFICE BOX 13292  
TAMPA, FL 33681-3293**

(same)

(changed below)

2. Principal Place of Business  
**11447 Park Blvd  
Suite, Apt. #, etc.  
#208**

3. Mailing Address  
  
Suite, Apt. #, etc.

City & State  
**Seminole, FL**  
Zip  
**33772**  
Country  
**USA**

City & State  
  
Zip  
Country

07012004 Chg-P CR2E034 (10/03)

4. FEI Number  
**02-0631165**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**EMICH, MARK H  
10901 BRIGHTON BAY BOULEVARD, APT. 5203  
ST. PETERSBURG, FL 33716**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 *Mark H. Emich*  
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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **EMICH, MARK H**  
STREET ADDRESS **POST OFFICE BOX 13292**  
CITY-ST-ZIP **TAMPA, FL 336813292**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: *Mark H. Emich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

44050370



7/5/2004 727-365-5308