


FILED

Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90014 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000072028**1. Corporation Name
BIG BEAT, INC.

Principal Place of Business 1515 UNIVERSITY DRIVE, SUITE 108A CORAL SPRINGS FL 33071	Mailing Address 1515 UNIVERSITY DRIVE, SUITE 108A CORAL SPRINGS FL 33071
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1998

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

65-0867155

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00** May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax

☒ Yes☐ No

9. Name and Address of Current Registered Agent

WEISBACH, RICHARD LLOYD
A/K/A RICHARD LLOYD
6949 NO. CALUMET CIRCLE
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name	New address
82 Street Address (P.O. Box Number is Not Acceptable)	1515 University DR #108-A
83 City	Coral Springs FL 33071
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTVS	<input type="checkbox"/> DELETE
NAME	WEISBACH, RICHARD LLOYD	
STREET ADDRESS	A/K/A RICHARD LLOYD 6949 NO. CALUMET CIR	
CITY-ST-ZIP	LAKE WORTH FL 33467	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WEISBACH, RICHARD LLOYD	
STREET ADDRESS	A/K/A RICHARD LLOYD 6949 NO. CALUMET CIR	
CITY-ST-ZIP	LAKE WORTH FL 33467	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard Lloyd Weisbach	
1.3 STREET ADDRESS	A/K/A Richard Lloyd	
1.4 CITY-ST-ZIP	1515 University DR #108-A	
	Coral Springs FL 33071	

2.1 TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)