

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
 00 JUL 10 PM 4:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 00065738

DOCUMENT # P98000092735 **R**
1. Entity Name
 Beal's Communications Group, Inc.

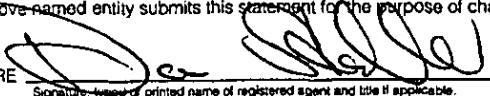
Principal Place of Business **Mailing Address**
 2605 Thomas Dr PO Box 9082
 Suite 245
 Panama City Bch, Fl Panama City Bch, Fl
 32408 32417

2. Principal Place of Business **3. Mailing Address**
 2605 Thomas Drive PO Box 9082
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 245
 City & State City & State
 Panama City Beach, Fl Panama City Beach, Fl
 Zip Zip Country Country
 32408 US 32417 US

DO NOT WRITE IN THIS SPACE
 6/22/00 90050013 \$150.00
4. FEI Number Applied For
 58-2425850 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Strickland, Dan J
 352 Wahoo Rd
 Panama City Beach, Fl 32408

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.
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) **DATE**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS: \$150.00
 After MAY 1, 2000 Fee will be \$500.00
 Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	Strickland, Dan J	
STREET ADDRESS	352 Wahoo Rd	
CITY-ST-ZIP	Panama City Beach, Fl 32408	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Date** **Daytime Phone #**

CR2E034 (9/99)

KE