

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 06, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90385 005 \*\*\*150.00

**DOCUMENT # P99000050098**

1. Entity Name

**PARADISE PRODUCTIONS, INC.**

Principal Place of Business

Mailing Address

**1860 UPPER COVE TERR  
SARASOTA FL 34231****141 N. BEACON POINT LOOP S.  
LULLWAUP WA 98555  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECK, CHRISTOPHER R  
1860 UPPER COVE TERR  
SARASOTA FL 34231**

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

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

(NOTE: Registered Agent signature required when relinquishing)

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, 2001 Fee will be \$550.00  
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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BECK, CHRISTOPHER R</b>	
STREET ADDRESS	<b>235 SUNRISE AVE., STE. C-24</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	

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

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

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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:

**CHRISTOPHER R. BECK**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Form **SS-4**

(Rev. April 2000)

Department of the Treasury  
Internal Revenue Service**Attachment 9483 # P99000080028**  
**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <b>PARADISE PRODUCTIONS, INC.</b>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) <b>2747 LACASITA AVE.</b>	5a Business address (if different from address on lines 4a and 4b) <b>1860 UPPER COVE TERR.</b>
	4b City, state, and ZIP code <b>LAS VEGAS NV 89120</b>	5b City, state, and ZIP code <b>SARASOTA FL 34231</b>
	6 County and state where principal business is located <b>SARASOTA FL.</b>	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► <b>CHRISTOPHER BECK</b>	

**8a Type of entity (Check only one box.) (see instructions)**

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |   |  |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN)                    | <input type="checkbox"/> Estate (SSN of decedent)  |
| <input type="checkbox"/> Partnership                              | <input type="checkbox"/> Plan administrator (SSN)  |
| <input type="checkbox"/> REMIC                                    | <input checked="" type="checkbox"/> Other corporation (specify) ► <b>FOR PROFIT FILM Co.</b> |
| <input type="checkbox"/> State/local government                   | <input type="checkbox"/> Trust   |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military   |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | (enter GEN if applicable)  |
| <input type="checkbox"/> Other (specify) ►                        |  |

**8b** If a corporation, name the state or foreign country (if applicable) where incorporated State **FL.** Foreign country

**9** Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ► <b>Film production</b>	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

**10** Date business started or acquired (month, day, year) (see instructions) **1/1/2000**

**11** Closing month of accounting year (see instructions) **DEC. 31**

**12** First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) **N/A**

**13** Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural	Agricultural	Household
0	0	0

**14** Principal activity (see instructions) ► **Film production**

**15** Is the principal business activity manufacturing? ☐ Yes ☒ No

If "Yes," principal product and raw material used ►

**16** To whom are most of the products or services sold? Please check one box.

<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
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**17a** Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ► Trade name ►

**17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(941) 928-0240

Fax telephone number (include area code)

( ) N/A

Name and title (Please type or print clearly.) ► **CHRISTOPHER R. BECK**Signature ► **Christopher R. Beck**Date ► **6/29/01**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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