



MIAMI-DADE COUNTY 2014 ANNUAL LOBBYIST REGISTRATION

Section 2-11.1(s) - Code of Miami-Dade County, Florida

CLERK OF THE BOARD
2014 MAY -2 PM 4:20
CLERK, CIRCUIT & COUNTY CLERK
MIAMI-DADE COUNTY, FLA.
#1

Please Type or Print in Ink

Date: 05 / 02 / 2014

Beckham David
Mr/Ms Last Name First Name Mi.

c/o XIX Entertainment
Business/Firm Name

9000 West Sunset Boulevard, PH
Address

West Hollywood CA 90069
City State Zip

Note: It is the responsibility of the lobbyist to notify the Clerk of the Board of County Commissioners of any changes in address.

310-746-1919
Business Phone Fax E-Mail

Please indicate if you are representing a Not-for-Profit Agency or if you are the principal of, and are only appearing as a representative of one of the following groups without special compensation or reimbursement for the appearance, whether direct indirect or contingent, pursuant to Section 2-11.1 (s) 3(b) and 4 of the Code of Miami-Dade County (Please check applicable group):
 Certified Level 1 C S B E Certified Micro Enterprise Certified Tier I Community Business Enterprise
 Corporation, Partnership or other Entity

OATH

I do solemnly swear that all facts contained on this Annual Lobbyist Registration form are true and correct; and that I have read and am familiar with the provisions contained in Section 2-11.1(s) of the Code of Miami-Dade County.

[Signature]
Signature of Lobbyist

State of FL County of MIAMI-DADE
Sworn to and subscribed before me this
2 day of MAY 2014 By DAVID BECKHAM
who is personally known or produced identification
Type of Identification Produced _____

Notary Public in and for the State of FLORIDA DIANA PEREZ-GATA
My commission expires: _____
(Notary Seal)

PLEASE NOTE:
ON OR BEFORE JULY 1ST OF EACH YEAR, EVERY LOBBYIST MUST FILE AN EXPENDITURE STATEMENT WITH THE CLERK OF THE BOARD OF COUNTY COMMISSIONERS FOR THE PRECEDING CALENDAR YEAR, REGARDLESS OF THE LEVEL OF ACTIVITY OF THE LOBBYIST, BUT ONLY IF THE LOBBYIST HAS INCURRED EXPENSES DURING THE REPORTING PERIOD.

For Office Use Only:
Annual Registration Fee: \$490.00 effective through 12/31/2014 Fee Paid: Yes No Cash Check # _____ Visa Master Card
Data Entry Date _____, 20____ Entored By _____ American Express
(Form Revision Date: 11/18/2013)

Clerk of the Board of County Commissioners, 111 NW First Street, Suite 17-202, Miami, FL 33128
Office: 305 375-5137 - Fax 305 375-2484
www.miamidade.gov
Email: clerkbcc@miamidade.gov





Official Receipt

Please keep this receipt for your records

Miami-Dade County Clerk's Office
Office: Clerk of Board @ SPCC - COB
111 NW 1st Ave Phone: 305-375-1295
Date: 5/2/2014 4:23 PM Cashier: dmcbrid

Batch# 144235 PC# SP17CB02 Trans# 5

Receipt# 3700005 Clerk of Board Reg.

Name: BECKHAM, DAVID
Street: 9000 W SUNSENT BOULEVARD, PH
City/St: W HOLLYWOOD, CA 9006

3761 Lobby Annual
1.00 X \$490.00 = \$490.00

Transaction Total: \$490.00

Check #30014083 Ck Amount = \$490.00