



CITY MANAGER'S OFFICE

11

CITY MANAGER SIGNATURE REQUEST ROUTING FORM

Rev: 11 | Revision Date: 07/02/2025

SECTION 1 | SUMMARY INFORMATION

Date: 12/3/2025

Agenda Item Commission Memo Letter (to external agency) Other Document

Document Title/Purpose: 1st Amendment - Sound, Stage and Lighting Service (ITB 29-1; BFAV LLC d/b/a All On Stage Productions)

Commission Meeting Date: 12/2/2025 CAM #: 25-1119 Item #: CM-4

CAM attached: Yes No Action Summary Attached: Yes No CIP FUNDED: Yes No

Community Investment Plan (CIP) Project defined as having a life of at least 10 years and a cost of at least \$100,000 and shall mean improvements to real property (land, buildings, or fixtures) that add value and/or extend useful life, including major repairs such as roof replacement. Term "real property" includes land, real estate, realty, or real.

SECTION 2 | REQUESTOR (CHARTER OFFICE/DEPARTMENT)

Charter Office: Router Name: Ext:

Department: Procurement Router Name: Matthew Eaton Ext: 5141

Department Approval (Director/Chief): Name: Glenn Marcos Init.: [Signature] Date: 12/3/25

*Return Document To: Matthew Eaton Department: Procurement Ext: 5141

*REMINDER: Once review and signature at the last level of government (Federal, State, County) is complete, scan the final record copy and send to the City Clerk's Office.

Scan Date: Attach Certified Resolution #: Original form route to CAO: Yes No

THE FOLLOWING SECTIONS ARE FOR CHARTER OFFICE USE ONLY

SECTION 3 | CITY ATTORNEY'S OFFICE (CAO): CAO signed/routed Required Yes No

Is the attached Granicus document final? Yes No Number of Originals Attached: 1

Attorney's Name: Patricia SaintVil-Joseph Approved as to Form: Yes No Initials: [Signature]

Route to: Finance (if applicable) Date: Route to: CCO Date:

SECTION 4 | CITY CLERK'S OFFICE (CCO)

City Clerk Office Receive and Scan Date: 12/5/2025 Number of Originals: 1

Route to CMO Date: 12/5/2025 Route to Mayor Date:

SECTION 5 | CITY MANAGER'S OFFICE (CMO)

LOG #: DEC52 Date Received: 12/9/25 Received From: CCO

To CM/ACM: R. Williams C. Cooper Y. Matthews B. Rogers

Approved Init.: [Signature] for continuous routing to Rickelle Williams, City Manager/Executive Director

Disapproved: Comments:

Executive Assistant Route to CCO Date: 12/17/25

**FIRST AMENDMENT TO SERVICE AGREEMENT
FOR SOUND, STAGE AND LIGHTING SERVICES**

THIS FIRST AMENDMENT to Service Agreement for Sound, Stage and Lighting Services ("First Amendment") made this 17th day of December, 2025, is by and between the **City of Fort Lauderdale**, a Florida municipality, ("CITY"), with its principal address located at 101 NE 3rd Avenue, Suite 2100, Fort Lauderdale, FL 33301, and **BFAV LLC d/b/a All On Stage Productions**, a Florida limited liability company, ("CONTRACTOR"), with its principal address located at 500 NE 28th Court, Pompano Beach, Florida 33064 (collectively, "Parties").

WHEREAS, the City Commission awarded CONTRACTOR a service agreement pursuant to Invitation to Bid (ITB) Event No. 29-1 for professional sound, stage and lighting services to support CITY-sponsored events ("Agreement"); and

WHEREAS, the Agreement between the CITY and CONTRACTOR, was for an initial one (1)-year term with an effective date of March 24, 2023, and an expiration date of March 24, 2024, and three (3) additional one (1) year renewal terms for a potential combined four (4)-year contract term, subject to and conditioned upon certain terms and conditions; and

WHEREAS, on March 5, 2024, the Parties mutually agreed to extend the term of the Agreement by an additional one (1) year term, subject to and conditioned upon the same terms and conditions outlined in the Agreement, and said extended term expired on March 24, 2025; and

WHEREAS, on March 7, 2025, the Parties mutually agreed to extend the term of the Agreement by an additional one (1) year term, subject to and conditioned upon the same terms and conditions outlined in the Agreement, and said extended term is scheduled to expire on March 24, 2026; and

WHEREAS, the CITY and CONTRACTOR mutually desire to enter into a First Amendment to the Agreement to increase the current annual contract amount of \$264,650 by an additional \$135,000, for a combined total annual contract amount of \$399,650, as CONTRACTOR's annual compensation for professional sound, stage and lighting services to support CITY-sponsored events, beginning with the current contract term that is scheduled to expire on March 24, 2026, and any subsequent renewal terms that are mutually agreed to in a writing and executed by both Parties, for an estimated potential total contract amount of \$1,328,600, subject to and conditioned upon the remaining terms, conditions, and specifications contained in the Agreement ("First Amendment");

NOW THEREFORE, for and in consideration of the mutual promises and covenants set forth herein and other good and valuable considerations, the receipt and sufficiency of which is hereby acknowledged, the Parties covenant and agree as follows:

- I. **RECITALS:** The foregoing recitals are true and correct in all respects and are incorporated herein by reference.

II. **DEFINITIONS:** For purposes of this First Amendment, capitalized terms used but not defined herein have the meanings assigned to them in the Agreement.

III. **AMENDMENTS:** Section IV of the Agreement titled "Compensation" is hereby amended as follows:

The CONTRACTOR agrees to provide professional sound, stage and lighting services to support CITY-sponsored events, all materials related thereto, as specified in the Contract Documents for a total contract amount not to exceed **Three Hundred Ninety Nine Thousand Six Hundred Fifty Dollars (\$399,650)**, as CONTRACTOR's annual compensation for all services rendered under the Agreement, beginning with the current contract term that is scheduled to expire on March 24, 2026, and any subsequent renewal terms that are mutually agreed to in a writing and executed by both Parties, for an estimated potential total contract amount of One Million Three Hundred Twenty Eight Thousand Six Hundred Dollars (\$1,328,600), subject to and conditioned upon the remaining terms, conditions, and specifications contained in the Agreement. It is acknowledged and agreed by CONTRACTOR that in the event the term of this Agreement extends beyond the end of any fiscal year of City, to wit, September 30th, the continuation of this Agreement beyond the end of the City's fiscal year shall be subject to and conditioned upon both the appropriation and the availability of funds. Additionally, this amount is the maximum payable and constitutes a limitation upon CITY's obligation to compensate CONTRACTOR for CONTRACTOR's services related to this Agreement. This maximum amount, however, does not constitute a limitation of any sort upon CONTRACTOR's obligation to perform all items of work required by or which can be reasonably inferred from the Scope of Services. Except as otherwise provided in the solicitation, no amount shall be paid to CONTRACTOR to reimburse CONTRACTOR's expenses.

IV. **COUNTERPARTS:** This First Amendment may be executed in one (1) or more counterparts, each of which together shall be deemed an original, but all of which together shall constitute one and the same instrument. In the event that any signature is delivered by facsimile transmission or by e-mail delivery of a .PDF format data file, such signature shall create a valid and binding obligation of the party executing (or on whose behalf such signature is executed) with the same force and effect as if such facsimile or .PDF signature page were an original thereof.

V. **HEADINGS:** Headings herein are for the convenience of reference only and shall not be considered on any interpretation of this First Amendment or the Agreement.

VI. **NO OTHER CHANGES:** Except as modified by this First Amendment, all terms, covenants, obligations and provisions of the Agreement shall remain

unaltered, shall continue in full force and effect, and are hereby ratified, approved and confirmed by the parties in every respect. If the terms and conditions set forth in this First Amendment directly conflict with any provision contained in the Agreement, then this First Amendment shall control.

[THIS SPACE IS LEFT INTENTIONALLY LEFT BLANK]

IN WITNESS WHEREOF, the CITY and the CONTRACTOR execute this FIRST AMENDMENT as follows:

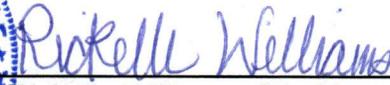
CITY

ATTEST:

CITY OF FORT LAUDERDALE, a Florida Municipality



David R. Soloman, City Clerk



By: Rickelle Williams, City Manager



Date: 12/17/25

Approved as to form and correctness:
D'Wayne M. Spence, Interim City Attorney

By: 

Patricia Saint-Vil-Joseph
Assistant City Attorney



12/18/22

CONTRACTOR

WITNESSES:

**BFAV LLC d/b/a All On Stage Productions, a
Florida limited liability company**

Parricia Selus

Signature

PARRICIA SELUS

Print Name

Steven Raschkin

Signature

STEVEN RASCHKIN

Print Name

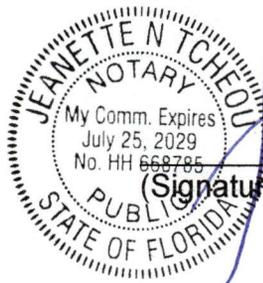
By: *D Fryburg*
Dan Fryburg, Manager

[CORPORATE SEAL]

STATE OF Florida
COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me by means of physical presence or
 online notarization, this 19th day of Nov., 2025, by **Dan Fryburg**, as
Manager, for **BFAV LLC d/b/a All On Stage Productions**, a Florida limited liability company.

(NOTARY SEAL)



Jeanette N Tchecou
(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of
Notary Public)

Personally Known OR Produced Identification _____
Type of Identification Produced: _____

AFFIDAVIT OF COMPLIANCE WITH FOREIGN ENTITY LAWS
(Florida Statute- §287.138, 692.201, 692.202, 692.203, and 692.204)

The undersigned, on behalf of the entity listed below ("Entity"), hereby attests under penalty of perjury as follows:

1. Entity is not owned by the government of a foreign country of concern as defined in Section 287.138, Florida Statutes. (Source: § 287.138(2)(a), Florida Statutes)
2. The government of a foreign country of concern does not have a controlling interest in Entity. (Source: § 287.138(2)(b), Florida Statutes)
3. Entity is not organized under the laws of, and does not have a principal place of business in, a foreign country of concern. (Source: § 287.138(2)(c), Florida Statutes)
4. Entity is not owned or controlled by the government of a foreign country of concern, as defined in Section 692.201, Florida Statutes. (Source: § 288.007(2), Florida Statutes)
5. Entity is not a partnership, association, corporation, organization, or other combination of persons organized under the laws of or having its principal place of business in a foreign country of concern, as defined in Section 692.201, Florida Statutes, or a subsidiary of such entity. (Source: § 288.007(2), Florida Statutes)
6. Entity is not a foreign principal, as defined in Section 692.201, Florida Statutes. (Source: § 692.202(5)(a)(I), Florida Statutes)
7. Entity is in compliance with all applicable requirements of Sections 692.202, 692.203, and 692.204, Florida Statutes.
8. **(Only applicable if purchasing real property)** Entity is not a foreign principal prohibited from purchasing the subject real property. Entity is either (a) not a person or entity described in Section 692.204(1)(a), Florida Statutes, or (b) authorized under Section 692.204(2), Florida Statutes, to purchase the subject property. Entity is in compliance with the requirements of Section 692.204, Florida Statutes. (Source: §§ 692.203(6)(a), 692.204(6)(a), Florida Statutes)
9. The undersigned is authorized to execute this affidavit on behalf of Entity.

Name: Dan Fryburg Title: Owner/manager Entity: BFAV LLC
Signature: [Signature] Date: 11/18/25

NOTARY PUBLIC ACKNOWLEDGEMENT SECTION

STATE OF Florida
COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this 18th day of Nov. 2025 by Daniel A. Fryburg, as owner/mgr for BFAV LLC, who is personally known to me or who has produced _____ as identification.

Notary Public Signature: [Signature]
Print Name: _____ commission expires: _____





ANTI-HUMAN TRAFFICKING AFFIDAVIT

Rev Date: 02/04/2025

The undersigned, on behalf of BFAV LLC
(Print entity's complete legal name as registered with suffix: INC, LLC, LTD, LP, PA, etc.)

a Florida nongovernmental entity ("Nongovernmental Entity"), under penalty of perjury,
(State entity is registered)
hereby deposes and says:

1. My name is Dan Fryburg
(Print complete name of corporate officer/authorized representative)
2. I am an officer or authorized representative (Select one) of the Nongovernmental Entity. My title is: owner / manager
(Print title of corporate officer/authorized representative)
3. I attest that the Nongovernmental Entity does not use coercion for labor or services as defined in Section 787.06, Florida Statutes (2024), as may be amended or revised.

Under penalties of perjury, I declare that I have read the foregoing Anti-Human Trafficking Affidavit and that the facts stated in it are true.

Signature of Officer or Representative: [Signature]
 Office Address: 500 NE 28th Ct, Pompano Beach FL 33064
 Email Address: Sales@allonstage.com
 Main Phone Number: 954-978-8442 FEIN No.: 82-1877303

STATE OF Florida
 COUNTY OF Palm Beach

Sworn to and subscribed before me by means of physical presence or online notarization, this 18th day of Nov., 2025, by Daniel A. Fryburg
(Print name of corporate officer/representative)



(NOTARY SEAL)
 Signature of Notary Public – State of FL
 Print Type or Stamp Commissioned Name of Notary Public

Personally Known OR Produced Identification
 Type of Identification Produced _____





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/05/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Verify Insurance Services, LLC DBA Thimble Insurance Services 174 West 4th Street, Suite 204 New York, NY 10014 https://support.thimble.com/	CONTACT NAME: THIMBLE https://support.thimble.com/ PHONE (A/C, No, Ext): E-MAIL ADDRESS: support@thimble.com FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A: National Specialty Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: https://www.thimble.com/check-policy-status/
INSURED BFAV, LLC dba All On Stage Productions 500 NE 28th Ct, Pompano Beach, FL, 33064 sales@allonstage.com	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	IBL-F3KGQRSJL-2	03/15/2025 1:52 PM EDT	03/15/2026 1:52 PM EDT	EACH OCCURRENCE	\$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 100,000	
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below:						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Professional Liability - Occurrence	Y	Y	IBL-F3KGQRSJL-2	03/15/2025 1:52 PM EDT	03/15/2026 1:52 PM EDT	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
								\$
								\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

(con't on form Acord 101)

CERTIFICATE HOLDER

City of Fort Lauderdale
401 SE 21st Street
Fort Lauderdale, FL 33316

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/09/2025

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PRODUCER Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	CONTACT NAME: PHONE (A/C, No, Ext): (855) 222-5919 E-MAIL ADDRESS: support@nextinsurance.com FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A : State National Insurance Company, Inc.
INSURED All On Stage Productions 500 NE 28th Ct Pompano Beach, FL 33064	NAIC # 12831
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :

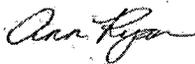
COVERAGES **CERTIFICATE NUMBER:** 310827758 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	NXT3PJRH7-03-WC	01/09/2025	01/09/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT \$1,000,000.00 E.L. DISEASE - EA EMPLOYEE \$1,000,000.00 E.L. DISEASE - POLICY LIMIT \$1,000,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Proof of Insurance.

CERTIFICATE HOLDER City of Fort Lauderdale 401 SE 21st St Fort Lauderdale, FL 33316	LIVE CERTIFICATE  Click or scan to view	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/12/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Bee Insurance, Inc 1817 NE 24TH ST, LIGHTHOUSE PT, FL 33064	CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE (A/C, No, Ext): 1-800-444-4487 FAX (A/C, No): E-MAIL ADDRESS: progressivecommercial@email.progressive.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Progressive Express Insurance Company		10193
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
 BFAV LLC DBA: ALL ON STAGE PRODUCTION
 500 NE 28TH COURT
 POMPAÑO BEACH, FL 33064

COVERAGES CERTIFICATE NUMBER: 338270421597527445D031225T195803 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	N	00313589	03/07/2025	03/07/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	See ACORD 101 for additional coverage details.	Y	N	00313589	03/07/2025	03/07/2026	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER CITY OF FT LAUDERDALE 100 N ANDREWS AVE FT LAUDERDALE, FL 33301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company

BFAV LLC

Filing Information

Document Number L17000096722
FEI/EIN Number 82-1877303
Date Filed 05/01/2017
Effective Date 05/01/2017
State FL
Status **ACTIVE**

Principal Address

500 NE 28th Ct
 POMPANO BEACH, FL 33064

Changed: 03/06/2018

Mailing Address

500 NE 28TH CT.
 POMPANO BEACH, FL 33064

Changed: 03/04/2020

Registered Agent Name & Address

Connecticut Consulting Group Inc
 500 NE 28th Ct
 Pompano Beach, FL 33064

Name Changed: 01/17/2020

Address Changed: 03/06/2018

Authorized Person(s) Detail

Name & Address

Title Mgr

Connecticut Consulting Group, Inc.
 634 Sand Pine Lane
 Deerfield Beach, FL 33442

Title Mgr

Fryburg, Dan
1070 NW 10th St
Boca Raton, FL 33486

Annual Reports

Report Year	Filed Date
2023	01/17/2023
2024	01/24/2024
2025	01/02/2025

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