

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90029 038 \*\*\*150.00

DOCUMENT # **P99000009452**



1. Entity Name  
**NEXTEEN MAGAZINE, INC.**

Principal Place of Business  
**5506 HOLMES BLVD  
BRADENTON BEACH FL 34217**

Mailing Address  
**PO BOX 1395  
HOLMES BCH FL 34218**



2. Principal Place of Business  
**210 64th ST**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**HOLMES BEACH, FL**  
Zip  
**34217**  
Country  
**USA**

City & State  
Zip  
Country

4. FEI Number **65-0903582**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BURNES, DOUG  
5506 HOMLES BLVD.  
HOLMES BEACH FL 34217**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Doug Burnes*

*[Signature]*

1/6/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BURNES, DOUG</b>	
STREET ADDRESS	<b>214 W. 64TH ST.</b>	
CITY-ST-ZIP	<b>HOLMES BEACH FL 34217</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>ROZSA, KATLIN</b>	
STREET ADDRESS	<b>214 W. 64TH ST.</b>	
CITY-ST-ZIP	<b>HOLMES BEACH FL 34217</b>	
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		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURNES, DOUG</b>	
STREET ADDRESS	<b>210 64th ST.</b>	
CITY-ST-ZIP	<b>HOLMES BEACH, FL 34217</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURNES, KATLIN</b>	
STREET ADDRESS	<b>210 64th ST</b>	
CITY-ST-ZIP	<b>HOLMES BEACH, FL 34217</b>	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **1/6/03 941-778-8470**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)