2004 FOR PROFIT CORPORATION ANNUAL REPORT

05-10-2004 90460 012 ***150.00
FILED
P02000059401
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 27 AM 7:20

3/6/03 01033 005 8.75
10/30/03 01055 002 750.00

REINSTATEMENT 03-04

[redacted]

04272004 No Chg-P CR2E034 (10/03)

DOCUMENT # P02000059401

1. Entity Name
Social Buen, Inc.

Principal Place of Business
1642 Hedgefield Ct
Tallahassee Fl. 32308

Mailing Address
C/O W.E.C-15 E. 26TH STREET
SUITE 1803
NEW YORK, NY 10010

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3060910
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Terrence M. Clark
1642 Hedgefield Ct
Tallahassee Fl. 32308

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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.

TC
SIGNATURE Terrence M. Clark 4-30-04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DIRECTOR
NAME	Thomas Neil Aicklen
STREET ADDRESS	1642 Hedgefield Ct.
CITY-ST-ZIP	Tallahassee Fl 32308
TITLE	DIRECTOR
NAME	Brandon Bittner
STREET ADDRESS	18151 NW John F Bailey Rd
CITY-ST-ZIP	Bloountstown Fl 32424
TITLE	DIRECTOR
NAME	William D Price
STREET ADDRESS	18151 NW John F Bailey Rd
CITY-ST-ZIP	Bloountstown Fl 32424
TITLE	DIRECTOR
NAME	Christopher Cobb
STREET ADDRESS	1642 Hedgefield Ct
CITY-ST-ZIP	Tallahassee Fl 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: NA 4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/27 AD