

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

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90107 023 ***550.00

0043757 AV

DOCUMENT # P02000068137



1. Entity Name
FINY MAGAZINE INC.

Principal Place of Business
4100 NE SECOND AVE.
#206
MIAMI FL 33137

Mailing Address
4100 NE SECOND AVE.
#206
MIAMI FL 33137



2. Principal Place of Business
316 NE 4TH ST
Suite, Apt. #, etc.

3. Mailing Address
316 NE 4TH ST
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
FT. LAUDERDALE, FL
Zip
33301
Country
USA

City & State
FT. LAUDERDALE, FL
Zip
33301
Country
USA

4. FEI Number
01-0722905
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
TURNER, ROBERTA B
4100 NE SECOND AVE.
#206
MIAMI FL 33137

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
316 NE 4TH ST
City
FT. LAUDERDALE FL Zip Code
33301

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 *[Signature]*
Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)
DATE 8/12/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/03 959-655-1762
Date Daytime Phone #

CR2E034 (4/03)