2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 10 PM 1:14

DOCUMENT # P03000132558

1. Entity Name

BY OWNER MAGAZINE.COM CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10211 Pines BLVD	same
Suite, Apt. #, etc. SUITE #143	Suite, Apt. #, etc.
City & State PEMBROKE PINES, FL	City & State
Zip 33026 Country USA	Zip Country

90 DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0395577 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MANUEL E BOLAÑOS

Street Address (P.O. Box Number is Not Acceptable)

10211 Pines BLVD SUITE # 143

City PEMBROKE PINES FL Zip Code 33026

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 Manuel E Bolaños

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 pd NAME MANUEL E BOLAÑOS STREET ADDRESS 10211 Pines BLVD suite# 143 CITY-ST-ZIP PEMBROKE PINES, FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP 600037294276 05/25/04--01057--004 **150.00
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Manuel E Bolaños

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #