

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90137 002 \*\*\*158.75

05600000 AR

**DOCUMENT # P93000084137**



1. Entity Name  
**BOWRAIN CORP.**

Principal Place of Business  
1601 CLOVERFIELD BLVD.  
2ND FLOOR, SOUTH TOWER #2095  
SANTA MONICA CA 90404

Mailing Address  
1601 CLOVERFIELD BLVD.  
2ND FLOOR, SOUTH TOWER #2095  
SANTA MONICA CA 90404

2. Principal Place of Business  
**6033 W. CENTURY BLVD**

3. Mailing Address  
**6033 W. CENTURY BLVD**

Suite, Apt. #, etc.  
**SUITE # 210**

Suite, Apt. #, etc.  
**SUITE # 210**

City & State  
**LOS ANGELES CA**

City & State  
**LOS ANGELES CA**

Zip Country  
**90045 U.S.A.**

Zip Country  
**90045 U.S.A.**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0458940**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.**  
**103 N. MERIDIAN STREET**  
**TALLAHASSEE FL 32301-0000**

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 \_\_\_\_\_  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PERRAMONT, FERNANDO 1601 CLOVERFIELD BLVD 2ND FL S TWR 2095 SANTA MONICA CA 90404</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD DUMENES, IVAN 1601 CLOVERFIELD BLVD 2ND FL S TWR 2095 SANTA MONICA CA 90404</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD TAPIA, ROBERTO 1601 CLOVERFIELD BLVD 2ND FL S TWR 2095 SANTA MONICA CA 90404</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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
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
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

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** **G. SQUADRITO** **02/25/2003** **310.410.2120**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OFF. CTR Date Daytime Phone #

CR2E034 (10/02)