FILED

2003 FOR PROFIT CORPORATION

Jan 27, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P96000071372 DOCUMENT # 01-27-2003 90330 009 ***150 00 1. Entity Name MY OWN CRUISING JOURNAL, INC. Principal Place of Business Mailing Address 60011341 2424 N. FEDERAL HWY P.O. BOX 5782 LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33074 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 65-0693804 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDERSON, PETER C Street Address (P.O. Box Number is Not Acceptable) 2650 NE 24TH STREET POMPANO BEACH FL 33064 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE Change TITLE Delete PETER C. ANDERSON STREET ADDRESS STREET ADDRESS 2650 NE 24 ST. CITY-ST-ZIP POMPANO BCH FL CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME PATRICIA R. ANDERSON NAME STREET ADDRESS STREET ADDRESS 2650 NE 24 ST. CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL TITLE -Delete +--☐.Change ____ Addition_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST-7IP CITY-ST-7IP Delete ** TITLE ' 🔲 Change ☐ Addition NAME

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 appears in Block 10 or Block 11 if changed, or on an attachment with II other like empowered.

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

AND ETTSON OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS