FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P99000039331 DOCUMENT # 1. Entity Name FLORIDABYOWNER.COM, INC. DO NOT WRITE IN THIS SPACE 500008307405--9 -10/10/02--01053--020 2. Principal Place of Business 3. Mailing Address ****300.00 ****300.00 12651 South Dixie Hwy. · same as 2 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. EEI Number Pinecrest, 65-0928283 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33156 USA Fee Required 7. Name and Address of Current Registered Agent Name Michael W. Shaughnessy DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 12651 South Dixie Highway, Suite 327 IN THIS SPACE Zip Cod **33156** City FL **Pinecrest** 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 Fforida. Michael W. Shaughnessy SIGNATURE Signature ear or or printed name of recovered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1. Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filling requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. TITLE : TITLE CR2E034B (12/01 President NAME NAME Michael W. Shaughnessy STREET ADDRESS STREET ADDRESS 12651 South Dixie Highway, #327 CITY-ST-ZIP CITY-ST-ZIP \$ Pinecrest, FL 33156 NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST-ZIP CITY-ST-7IP TITLE TITLE NAME * STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE THEF IN THIS SPACE NAME." NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE -TITLE NAME NAME , STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . CITY-ST-ZIP TITLE 4 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 path; 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 11 or on an attachment with an address, with all other like empowered.

(786) 256-3494

Daytime Phone #

FLORIDABYOWNER.COM, INC. 12651 SOUTH DIXIE HIGHWAY, SUITE 327 PINECREST, FL 33156

October 4, 2002

Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

RE:

FloridabyOwner.com.,Inc.

Document #99000039331

Dear Sir or Madam,

Please be advised that we moved our offices and did not receive any notice for 2001. Please accept my check in the amount of \$300.00 and completed Uniform Business Report for reinstatement.

Thank you.

FLORIDABYOWNER.COM, INC.

Michael W. Shaughnessy

President

MWS/gc Enclosure