

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP -7 PM 3:45

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000109015

1. Entity Name
COWBOY.NET CORP.

Principal Place of Business 20533 BISCAYNE BLVD #245 AVENTURA FL 33180	Mailing Address 20533 BISCAYNE BLVD #245 AVENTURA FL 33180
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2. Principal Place of Business	3. Mailing Address 439 Spadina Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 301

City & State Toronto, ON	4. FEI Number 65-0985114	Applied For <input type="checkbox"/> Not Applicable
Zip M5P 2W3	Country Canada	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AMES, STUART D
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name **UCC Filing & Search Services Inc.**
Street Address (P.O. Box Number is Not Acceptable)
526 East Park Ave
City **Tallahassee** FL Zip Code **32301**

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.

SIGNATURE **Ed Hand, President** DATE **9/7/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WATTERS, CHERIE		NAME Robin Osten	
STREET ADDRESS 120 JEFFERSON AVENUE # 12022		STREET ADDRESS 466 Spadina Rd.	
CITY-ST-ZIP MIAMI FL 33139		CITY-ST-ZIP Toronto, ON M5P 2W4	
TITLE 	<input type="checkbox"/> Delete	TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		NAME Jordan Lampert	
STREET ADDRESS 		STREET ADDRESS 388 Drewing Ave	
CITY-ST-ZIP 		CITY-ST-ZIP Toronto, ON M4R 2K4	
TITLE 	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		NAME Brad Title	
STREET ADDRESS 		STREET ADDRESS 29 Gypsy Rose Way	
CITY-ST-ZIP 		CITY-ST-ZIP Toronto, ON M4N 5Y8	
TITLE 	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		NAME Lynn Kauffman	
STREET ADDRESS 		STREET ADDRESS 7 Cimmarron Ct	
CITY-ST-ZIP 		CITY-ST-ZIP Toronto, ON M2H 3L9	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	

13. 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 11 or Block 12 if changed, or on an attachment with an address with another like empowered.

SIGNATURE: **SIGNATURE REQUIRED KAUFFMAN** DATE **9/6/01** DAYTIME PHONE # **(416) 484-4039**

CR2E034 (5/01)