


FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90008 006 ***550.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F0100004355					
1. Entity Name: LEITCH INCORPORATED					
Principal Place of Business 4400 VANOWEN STREET BURBANK, CA 91505		Mailing Address 4400 VANOWEN STREET BURBANK, CA 91505		24077995	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07072004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 98-0203919 Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD CRAIG, MARGARET 150 FERRAND DRIVE, SUITE 700 NORTH YORK, ONT., CANADA,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TIM THORSTEINSON 150 FERRAND DR., STE. 700 TORONTO, ONT., CDA M3C 3E5	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUNTAI, SAIL 150 FERRAND DRIVE, SUITE 700 NORTH YORK, ONT., CANADA,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DAVID TOEWS 150 FERRAND DR., STE. 700 TORONTO, ONT., CDA M3C 3E6	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JORDAN, TOM 150 FERRAND DRIVE, SUITE 700 NORTH YORK, ONT., CANADA,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAURA WHITAKER 150 FERRAND DR., STE. 700 TORONTO, ONT., CDA M3C 3E5	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NOGAR, BRAD 150 FERRAND DRIVE, SUITE 700 NORTH YORK, ONT., CANADA,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRIAN CABEZEIRAS 150 FERRAND DR., STE. 700 TORONTO, ONT., CDA M3C 3E5	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EDWARDS, JOHN 150 FERRAND DRIVE, SUITE 700 NORTH YORK, ONT., CANADA,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSOCIATE GENERAL COUNSEL & SEC. JIM STERLING 150 FERRAND DR., STE. 700 TORONTO, ONT., CDA M3C 3E5	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD TIESSEN, REG 150 FERRAND DRIVE, SUITE 700 NORTH YORK, ONT., CANADA,	<input checked="" type="checkbox"/> Delete	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: _____			Date: July 26, 04 416-445-9929		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: _____		

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