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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90044 013 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # H23177

1. Corporation Name
ME LICENSING CORPORATION



Principal Place of Business Mailing Address
TWO MILL ROAD SUITE 104 WILMINGTON DE 19806 US
TWO MILL ROAD SUITE 104 WILMINGTON DE 19806 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 TWO MILL ROAD	26 TWO MILL ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 104	27 SUITE 104
City & State.	City & State.
23 WILMINGTON DE	28 WILMINGTON-DE
Zip Country	Zip Country
24 19806 US	29 19806 US

3. Date Incorporated or Qualified 09/24/1984	
4. FEI Number 59-2453729	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	JONES, MARTIN B.	
STREET ADDRESS	180 WARDOUR ST.	
CITY-ST-ZIP	LONDON EN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHURR, JAMES R.	
STREET ADDRESS	TWO MILL ROAD	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEWIS, ALAN M.	
STREET ADDRESS	SUITE 2706 TORONTO DOMINION CENTER	
CITY-ST-ZIP	TORONTO ON	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CROFT, IAN D.	
STREET ADDRESS	65 QUEEN STREET WEST	
CITY-ST-ZIP	TORONTO ON	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CORBIN, STUART N.	
STREET ADDRESS	180 WARDOUR STREET	
CITY-ST-ZIP	LONDON EN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James R. Schurr DATE: 4/8/99 302-594-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)