

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90203 009 ****50.00

DOCUMENT # M00000002507

1. Entity Name
MIAMI & LAS VEGAS ACQUISITION LLC

Principal Place of Business
**1 CONCORDE GATE, STE. 800
 TORONTO ONTARIO M3C 3N6**

Mailing Address
**1 CONCORDE GATE, STE. 800
 TORONTO ONTARIO M3C 3N6**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
180 DUNCAN MILL RD

3. Mailing Address
180 DUNCAN MILL RD

Suite, Apt. #, etc.
4th FLOOR

Suite, Apt. #, etc.
4th FLOOR

City & State
TORONTO, ONTARIO

City & State
TORONTO, ONTARIO

Zip Country
M3B 1Z6 CANADA

Zip Country
M3B 1Z6 CANADA

4. FEI Number **65-0698336**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C.T. CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name
 Street Address (P.O. Box Number, is, Not Acceptable)
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DMG WORLD MEDIA (USA) INC. 1 CONCORDE GATE, STE. 800 TORONTO ONTARIO M3C 3N6	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR J. PAUL ALLINGHAM 180 DUNCAN MILL RD 4TH FLOOR TORONTO, ONTARIO M3B 1Z6	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER J. PAUL ALLINGHAM - PRESIDENT 180 DUNCAN MILL RD 4TH FLOOR TORONTO, ONTARIO M3B 1Z6	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)