FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P01000025574 02 HAY 21 AH 10: 39 1. Entity Name YAK COMMUNICATIONS (AMERICA), INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 3. Mailing Address 2. Principal Place of Business 55 TOWN CENTRE COURT 2601 S. BAYSHORE DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #610 1600 City & State City & State 4. FEI Number Applied For TORONTO, MIAMI, FLORIDA ONTARIO Not Applicable 98-0349282 Country Country \$8.75 Additional 5. Certificate of Status Desired M1P 4X4 CANADA USA Fee Required 33133 7. Name and Address of Current Registered Agent DENNIS J. OLLE, ESQ. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 2601 SOUTH BAYSHORE DRIVE, SUITE 1600 IN THIS SPACE City MIAMI Zip Code 33133 FL 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 Signature: typed or printed name of registered agent and title 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 After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing 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 11, OFFICERS AND DIRECTORS TITLE CR2E034B (12/01 NAME ZWEBNER, CHARLES NAME 55 TOWN CENTRE CT, #610 TORONTO, ONTARIO, CANADA MIP 4X4 STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HITLE 5**78140**--702--01008--002 NAME NAME STREET ADDRESS STREET ADDRESS \*\*\*\*550.00 \*\*\*\*550.00 CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CELY-ST-21P TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby certify that the information supplied with his indicated on this report or supplemental upper is true of the corporation or the receiver or trustde derpoy. ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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

CHARLES ZWEBNER

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED O

**UED** 

MAY

Date

416-296-7111