## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered

## May 02, 2005 8:00 am Secretary of State 05-02-2005 90966 028 \*\*\*150 00 DOCUMENT # P01000025574 YAK COMMUNICATIONS (AMERICA), INC. Mailing Address Principal Place of Business 40076023 300 CONSILIUM PLACE, SUITE 500 300 CONSILIUM PLACE, SUITE 500 TORONTO ONTARIO M1H3G2 TORONTO ONTARIO M1H3G2 CANADA, CANADA. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 98-0349282 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OLLE, DENNIS J Street Address (P.O. Box Number is Not Acceptable) 2601 SOUTH BAYSHORE DRIVE **SUITE 1600** MIAMI, FL 33133 Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE\_ (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete TITLE Change Change TITLE NAME ZWEBNER, CHARLES NAME Suza SUO 300 Consilium Place STREET ADDRESS 55 TOWN CENTRE COURT, #610 STREET ADDRESS M114362 TORONTO, ONTARIO, CA m1p 4x4 CITY-ST-ZIP Scarborough, UN CITY-ST-ZIP Addition Change Delete TITLE NOBLE, MARGARET NAME soo Consilium Place Sue 500 NAME 55 TOWN CENTRE COURT, #610 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TORONTO, ONTARIO, CA m1p 4x4 arborough 01 CITY-ST-ZIP TITLE Treasures, D ☐ Change ☑ Addition ☐ Delete TITLE Charles twebner NAME NAME 00 Consilium Place Sute 500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIHZGY CITY-ST-ZIP S Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1 - 71P CITY-ST-ZIP Change ☐ Addition TIT! E ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

4-27-05

647-722-7020

FILED