## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Apr 22, 2002 8:00 am Secretary of State P97000084076 DOCUMENT # 1. Entity Name 04-22-2002 90122 021 \*\*\*150 CHINA XIN NETWORK MEDIA CORPORATION Principal Place of Business Mailing Address 1255 PEEL STREET 1255 PEEL STREET SUITE 550 SUITE 550 MONTREAL, QUEBEC H3B 2T9 MONTREAL, QUEBEC H3B 2T9 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0786722 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Neme MERKIN, STEWART A ESQ Street Address (P.O. Box Number is Not Acceptable) 444 BRICKELL AVENUE SUITE 300 **MIAMI FL 33131** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CEO TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME AMYOT, JEAN-FRANCOIS NAME 18 ALFRED GREFFORD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N-D-ILE-PERROT, QUEBEC CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME **BOISVERT, RAYMOND** NAME STREET ADDRESS 117 ST ANDRE' ST, #505 STREET ADDRESS CITY-ST-ZIP QUEBEC CITY, QUEBEC G1R 9E6 CITY-ST-7IP DIRECTOR TITLE De lete TITLE ☐ Change DAVID DINOWALL Addition | NAME NAME WALLOWG INT. INC. STREET ADDRESS STREET ADDRESS 350 SPARKS ST. SUITE 120 B CITY-ST-ZIP CITY-ST-ZIP OTTAWN ON KIR+S8 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information adopticed with this filling 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 ampowered to secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JEAN-FRANCOIS AMYOT (MAR 26, 2007) SIU) 398-0515