

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90184 020 ***150.00

DOCUMENT # F95000005255

1. Entity Name
SHANDA HOLDINGS, INC.



Principal Place of Business
26 APPALOOSA TRAIL
CARLISLE ON LOR- 1H3
CA

Mailing Address
26 APPALOOSA TRAIL
CARLISLE ON LOR- 1H3
CA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **98-0152519**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANIER, SUZANNE D ESQ
2640 GOLDEN GATE PKWY
SUITE 208
NAPLES FL 33942

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **HASTINGS, JOHN**
STREET ADDRESS **26 APPALOOSA TRAIL**
CITY-ST-ZIP **CARLISLE, CANADA ON LOR- 1H3**

TITLE ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **S** ☐ Delete
NAME **HASTINGS, SHIRLEY**
STREET ADDRESS **26 APPALOOSA TRAIL**
CITY-ST-ZIP **CARLISLE, CANADA ON LOR- 1H3**

TITLE ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **D** ☐ Delete
NAME **HASTINGS, LINDA**
STREET ADDRESS **26 APPALOOSA TRAIL**
CITY-ST-ZIP **CARLISLE, CANADA ON LOR- 1H3**

TITLE ☒ Change ☐ Addition
NAME **Duncan, Linda (Married)**
STREET ADDRESS **21 Donald Sim Avenue,**
CITY-ST-ZIP **Markham, Canada, Ont. L6B 1B6**

TITLE **D** ☐ Delete
NAME **HASTINGS, SHAWN**
STREET ADDRESS **26 APPALOOSA TRAIL**
CITY-ST-ZIP **CARLISLE, CANADA ON LOR- 1H3**

TITLE ☒ Change ☐ Addition
NAME **Follows, Shawn (Married)**
STREET ADDRESS **342 Millgrove Road**
CITY-ST-ZIP **Millgrove, Canada, Ont. LOR 1V0**

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR. 21/03

(905) 690-7113

Date

Daytime Phone #

CR2E034 (10/02)