DOCUMENT # B99000000462

1. Entity Name

MONTREAL EXPOS, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06

Principal Place of Business	Mailing Address
4549 Pierre de Coubertin Av. Montreal, Quebec Canada H1V 3N7	Same

DO NOT WRITE IN THIS SPACE

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 65-0967217 ☐ 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
CT 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature not valid when requesting)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
5,000,000	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	F99000006610 Double Play Company 4549 Pierre de Coubertin Av. Montreal, Quebec H1V 3N7 Canada	STREET ADDRESS / CITY-ST-ZIP	
		STREET ADDRESS	100003274771-- -06/02/00--01055--001
		CITY-ST-ZIP	****526.25 ****526.25
		STREET ADDRESS / CITY-ST-ZIP	
		STREET ADDRESS / CITY-ST-ZIP	
		STREET ADDRESS / CITY-ST-ZIP	
		STREET ADDRESS / CITY-ST-ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Michel Bussiere April 28, 2000 (514) 251-3641
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL GENERAL PARTNER — Date — Daytime Phone #

V.P. & CFO