

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

08-13-2001 90005 025 \*\*\*550.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F00000004140**

1. Entity Name  
**KIK (AUBURNDALE) INC.**

Principal Place of Business  
**C/O GOODMAN PHILLIPS & VINEBERG  
430 PARK AVENUE, 10TH FLOOR  
NEW YORK NY 10022**

Mailing Address  
**C/O GOODMAN PHILLIPS & VINEBERG  
430 PARK AVENUE, 10TH FLOOR  
NEW YORK NY 10022**

2. Principal Place of Business

**909 Magnolia Ave**

3. Mailing Address

**c/o 33 macIntosh Bldg**



DO NOT WRITE IN THIS SPACE

City & State  
**Auburndale FL**

Zip  
**33823**

Country  
**USA**

City & State  
**Concord Ontario**

Zip  
**L4K 4L5**

Country  
**Canada**

4. FEI Number

**52-2255 291**

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

**C T 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO PEARCE, ROY 33 MACINTOSH BLVD. CONCORD, ONTARIO, CANADA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CYNAMON, DAVID 33 MACINTOSH BLVD. CONCORD, ONTARIO, CANADA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BERGER, MARC A 430 PARK AVENUE NEW YORK NY 10022</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PFAB, RICHARD 2901 CORDER STREET HOUSTON TX 77054</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS BRODIE, HOWARD 3 MACINTOSH BLVD. CONCORD, ONTARIO, CANADA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D POLLACK, BRUCE 30 ROCKEFELLER PLAZA, SUITE 550 NEW YORK NY 10020</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Corporate Treasurer (905) 660-2658**

**July 31/01**

Daytime Phone #

CR2E034 (5/01)