

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90051 047 ***150.00

DOCUMENT # F00000004897

1. Entity Name
HOSTOPIA.COM INC.



Principal Place of Business
500 EAST BROWARD BOULEVARD
SUITE #1700
FORT LAUDERDALE, FL 33394

Mailing Address
500 EAST BROWARD BOULEVARD
SUITE #1700
FORT LAUDERDALE, FL 33394

11000007



01142004 Chg-P CR2E034 (10/03)

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
65-1036866

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	NEMANIC, JOHN	
STREET ADDRESS	1330-15TH AVENUE SOUTHWEST #1504	
CITY-ST-ZIP	CALGARY, AL CANADA	
TITLE	CC	<input type="checkbox"/> Delete
NAME	CAMPBELL, BILL	
STREET ADDRESS	1 LELAND AVENUE	
CITY-ST-ZIP	TORONTO, ONT., CANADA,	
TITLE	P	<input type="checkbox"/> Delete
NAME	NEMANIC, FRANC	
STREET ADDRESS	5625 NW 41 TERRACE	
CITY-ST-ZIP	POMPANO BEACH, FL 33073	
TITLE	COO	<input type="checkbox"/> Delete
NAME	CAMPBELL, COLIN	
STREET ADDRESS	2845 NORTHEAST 9TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIDD, ROBERT H	
STREET ADDRESS	1496 PINETREE CRESCENT	
CITY-ST-ZIP	MISSISSAUGA, ONT., CANADA,	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCATLIFF, CHRIS	
STREET ADDRESS	41 ARBOR DRIVE	
CITY-ST-ZIP	TORONTO, ONT., CANADA,	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEMANIC, JOHN	
STREET ADDRESS	1330-15TH AVENUE SOUTHWEST # 1504	
CITY-ST-ZIP	CALGARY, AB, CANADA	
TITLE	CEO & CTO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, BILL	
STREET ADDRESS	1330-15TH AVENUE SOUTHWEST # 1504	
CITY-ST-ZIP	CALGARY, AB, CANADA	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE, MATTHEW	
STREET ADDRESS	12-3777 KINGSWAY	
CITY-ST-ZIP	BURNABY, B.C., CANADA	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McMahon, David	
STREET ADDRESS	23-411 1 STREET SOUTH EAST	
CITY-ST-ZIP	CALGARY, AB, CANADA	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CYTRNBAUM, MICHAEL	
STREET ADDRESS	1755 RENE LEVESQUE OUEST, #201	
CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL J. MUGAN	
STREET ADDRESS	1255 ABBEY ROAD	
CITY-ST-ZIP	PELKREMP, ON CANADA	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 14, 2004 905-671-7211
Date Daytime Phone #