

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90748 038 ***158.75

DOCUMENT # F02000003633

1. Entity Name *OK Sorry!*
~~CANADIAN DIRECT RESPONSE CO.~~
CANADIAN DIRECT RESPONSE Co.

Principal Place of Business: 5841 CORPORATE WAY, SUITE 200 WEST PALM BEACH FL 33407
Mailing Address: 5841 CORPORATE WAY, SUITE 200 WEST PALM BEACH FL 33407



2. Principal Place of Business: Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number: *98-0377173*
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PARRISH, BRUCE W JR.
105-S. NARCISSUS AVENUE, SUITE 412
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
Name: *Sherry K-mazorra*
Street Address (P.O. Box Number is Not Acceptable): *5841 Corporate Way, Suite 200*
City: *West Palm Beach FL* Zip Code: *33407*

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]* **TREASURER** DATE: *1/10/03*
Signature typed or printed name of registered agent and title if applicable: *Sherry K. Mazorra* (NOTE: Registered Agent signature required when reinstating)

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

TITLE	CP	<input type="checkbox"/> Delete
NAME	PASEN, LIONEL	
STREET ADDRESS	39 GLEN RUSH BLVD.	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SKOLA, THOMAS J	
STREET ADDRESS	501 BRICKELL KEY DR., STE. 602	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	T.	<input type="checkbox"/> Delete
NAME	MAZORRA, SHERRY	
STREET ADDRESS	3815 B RD.	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>5841 Corporate Way Suite 200</i>	
CITY-ST-ZIP	<i>West Palm Beach FL 33407</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sherry K. Mazorra* Date: *1/10/03* Paytime Phone #: *510-2300*

CR2E034 (10/02)