

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91467 042 \*\*\*150.00

<b>DOCUMENT # F02000003936</b> 1. Entity Name <b>ALARM ZONE INC.</b>				 <input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
Principal Place of Business 5252 DE MAISONNEUVE W. SUITE 415 MONTREAL QC, CANADA H4A-3S5,			Mailing Address 5252 DE MAISONNEUVE W. SUITE 415 MONTREAL QC, CANADA H4A-3S5,		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>98-0371341</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JOHNSON, DAWN 3100 N. OCEAN BLVD. SUITE 708 FT. LAUDERDALE, FL 33308				Name <b>HARVEY WOLFE</b> Street Address (P.O. Box Number is Not Acceptable) <b>600 N. PINE ISLAND RD SUITE 450</b> City <b>PLANTATION</b> FL Zip Code <b>33324</b>	
B. 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4/25/03</b> <small>(NOTE: Registered Agents signature required when resigning)</small>	
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILSTER, GABRIEL 6655 ALDREN STREET MONTREAL QC, CANADA H4W-3H9,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLEASE CORRECT SPELLING: <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>"HILTSE"</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVEE, JACK 4175 ST. CATHERINE STREET W. SUITE 1704 MONTREAL QC, CANADA H2Z 1C9,	<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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>4/25/03</b> 514-501-5000 <small>Daytime Phone #</small>		

CR2034 (10/02)