# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 07, 2008**
**Secretary of State**

DOCUMENT# F02000004445

**Entity Name:** HARLEQUIN PERIODICALS INC.

**Current Principal Place of Business:**

225 DUNCAN MILL ROAD
DON MILLS, ONTARIO M3B 3K9
CANADA, ON M3B3K9 CA

**New Principal Place of Business:**

**Current Mailing Address:**

1 YONGE STREET, 6TH FLOOR
TORONTO, ONTARIO M5E 1P9
CANADA, ON M5E1P9 CA

**New Mailing Address:**

**FEI Number: 52-1756303** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: DEMARCHI, LORENZO
Address: 1 YONGE STREET, 6TH FLOOR
City-St-Zip: TORONTO, ONTARIO, ON M5E1P9 CA

Title: S ( ) Delete
Name: BEYETTE, MARIE E
Address: 1 YONGE STREET, 6TH FLOOR
City-St-Zip: TORONTO ONTARIO CANADA, ON M5E1P9 CA

Title: AS ( ) Delete
Name: HOLLAND, DAVID
Address: 1 YONGE STREET, 6TH FLOOR
City-St-Zip: TORONTO, ONTARIO, ON M5E1P9 CA

Title: T ( ) Delete
Name: SMITH, DAVID TODD
Address: 1 YONGE STREET, 6TH FLOOR
City-St-Zip: TORONTO, ONT., CANADA, ON M5E1P9 CA

Title: D ( ) Delete
Name: PRICHARD, J. ROBERT S
Address: 1 YONGE STREET, 6TH FLOOR
City-St-Zip: TORONTO, ONT., CANADA, ON M5E1P9 CA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORENZO DEMARCHI P 05/07/2008

Electronic Signature of Signing Officer or Director Date