

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90068 029 \*\*\*150.00

**DOCUMENT # F04000001389**

1. Entity Name

**BROWN ENTERTAINMENT INCORPORATED**



Principal Place of Business

**49 NIAGARA STREET, 2ND FL  
TORONTO ON M5V 1-C2**

Mailing Address

**49 NIAGARA STREET, 2ND FL  
TORONTO ON M5V 1-C2**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **NO-T APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TUCKER, I. MICHAEL ESQ  
SUNTRUST BANK BLDG.  
498 PALM SPRINGS DRIVE, STE. 100  
ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

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, 2007 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: DVP ☐ Delete  
NAME: CRANOR, WILLIAM  
STREET ADDRESS: 6 GILES ROAD, CALEDON  
CITY-STATE-ZIP: ONTARIO, CANADA, L0N 1C0

TITLE: DT ☐ Delete  
NAME: WALLACE, CHRISTOPHER J  
STREET ADDRESS: 136 ROXBOROUGH STREET WEST  
CITY-STATE-ZIP: TORONTO, ONT, CANADA M5R 1V1

TITLE: DP ☐ Delete  
NAME: HENDERSON, PETE  
STREET ADDRESS: 348 EVCLID AVENUE  
CITY-STATE-ZIP: TORONTO, ONT, CANADA M6J 2K2

TITLE: DS ☐ Delete  
NAME: TAILLON, SYLVAIN  
STREET ADDRESS: 49 NIAGARA STREET, 2ND FL  
CITY-STATE-ZIP: TORONTO, ONT, CANADA M5V 1C2

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition  
NAME:  
STREET ADDRESS: 3085 BLOOR ST. W. #112  
CITY-STATE-ZIP: TORONTO, ON M8X 1C9

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

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TITLE: ☐ Change ☐ Addition  
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STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

*W. J. Moore* VICE PRESIDENT April 10/07 416-362-7676

Date

Daytime Phone #