

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000005516

1. Entity Name
PANORAMA SOFTWARE DELWARE INC.



Principal Place of Business
**1230 AVENUE OF THE AMERICAS
NEW YORK, NY 10020-1513**

Mailing Address
**164 EGLINTON AVE EAST - STE 400
TORONTO, ONTARIO CANADA
M4P-1G4, XX**



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2196407

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	ROSS, RONY
STREET ADDRESS	164 EGLINTON AVE EAST - #400
CITY- ST- ZIP	TORONTO, ONTARIO, CAN M4P-1G4,
TITLE	PVC
NAME	AZARYA, EYNAV
STREET ADDRESS	164 EGLINTON AVE EAST - #400
CITY- ST- ZIP	TORONTO, ONTARIO, CAN M4P-1G4,
TITLE	CEO
NAME	AZARYA, EYNAV
STREET ADDRESS	164 EGLINTON AVE EAST - #400
CITY- ST- ZIP	TORONTO, ONTARIO, CAN M4P-1G4,
TITLE	CFO
NAME	PLAYFORD, CATHERINE
STREET ADDRESS	164 EGLINTON AVE EAST - #400
CITY- ST- ZIP	TORONTO, ONTARIO, CAN M4P-1G4,
TITLE	VP
NAME	PLAYFORD, CATHERINE
STREET ADDRESS	164 EGLINTON AVE EAST - #400
CITY- ST- ZIP	TORONTO, ONTARIO, CAN M4P-1G4,
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/24/07-80043-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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

April 25, 2007

(416) 545-0990

Date

Daytime Phone #