2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT#** F15040 1. Entity Name CITYXPRESS CORP. Principal Place of Business Mailing Address 1727 WEST BROADWAY.. SUITE 200 1727 WEST BROADWAY.. SUITE 200 VANCOUVER B.C. VANCOUVER B.C. V6J 4W6 V6J 4W6

FILED Jul 17, 2002 8:00 am Secretary of State 07-17-2002 90125 041 ***550.00



oc oc			OC									
2. Principal f	Place of Busin	ness	3. Mailing Address				(1881/89)(81)(50) (1881)				, 8,811 1,1211 (8 8)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Sta	te		City & State			4.	A A A A A A A A A A A A A A A A A A A				Applied For]
Zip Country			* Zip		ountry		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name	and Address of Current Re	gistered Agent			7.	Name and Address of N	lew Regis				1
					Name							7
CT CORPORATION SYSTEM					Street Address (P.O. Box Number is Not Acceptable)							
1200 S. PINE ISLAND ROAD					offeet Address (F.O. Box Number is Not Acceptable)							
PLANTAT	ION FL 333	24										٦
					City	-d-		.	FL	Zip Cod	 de	\dashv
8. The above	named entity	submits this statement for th	e purpose of changing its	reaister	ed office or	registered ac	ent, or both, in the State	of Florida		I miliar with	and accept	4
the obligat	ions of regist	ered agent.				-9	your, or boar, in the otate	or cronds.	, um la	11111Q1 *V Q1	, and accept	-
SIGNATURE .												
SIGNATURE,	Signature, typed	or printed name of registered agent and t	tle if applicable. (NOTE	: Registere	d Agent signatu	re required when re	einstating)		DATE			
Tax filing requirement and elects to do so. After Sept				LE NOW!!! FEE IS \$550.00 tember 13, 2002 Fee will be \$750. eck Payable to Department of Sta			10. Election Campaig		ng 🖂	\$5.0 Adde	DO May Be d to Fees	
11. t		OFFICERS AND DIR		12.			DDITIONS/CHANGES TO	OFFICE	C AND C	UDEOTOE	20 141 44	4
TITLE	PCEO	O. FROZERO / WED BILL	Delete	TITLE	:	AL	DITIONS/CHANGES TO	OFFICER				- l é
NAME	DUBOIS, F	PHIL M	L Delete	NAM					Ĺ	☐ Change	Addition	1
STREET ADDRESS		T BROADWAY., SUITE 20	0	STRE	ET ADDRESS							1
CITY-ST-ZIP	V6J 4W6			CITY	-ST-ZIP							Ì
TITLE	CFOD	,	☐ Delete	TITLE						Change	Addition	1 5
NAME	BRADLEY,			NAMI	E				_	3-		`
STREET ADDRESS		t broadway., Suite 20	0	STRE	ET ADDRESS							
CITY-ST-ZIP-	V6J-4W6	The state of the s		CITY	ST-ZIP	manus (napagas) -				~		
TITLE	COBD		☐ Delete	TITLE			- '			Change	Addition	1
NAME	SPENCER,			NAME								
STREET ADDRESS CITY-ST-ZIP		t Broadway., Suite 20)	4	ET ADDRESS							
	V6J 4W6			CITY-	ST-ZIP							
TITLE	D CMADT D	ΛÐ	☐ Delete	TITLE						Change	Addition	
NAME STREET ADDRESS	SMART, BO	T BROADWAY., SUITE 201	١	NAME								1
CITY-ST-ZIP	V6J 4W6	I DHOADIIAI, SUIL ZU	,.	9- 1	T ADDRESS ST-ZIP							
TITLE ·	D		172			.		٠, ،		<u>.,</u>	- <u>-</u> -	-
NAME	THOMAS,	ΙΔΝ	Delete	TITLE			_		_] Change	Addition	
STREET ADDRESS		T BROADWAY., SUITE 201		. NAME STREE	T ADDRESS		a seria.	<u>.</u> .				
CITY-ST-ZIP	V6J 4W6		.		ST-ZIP							
TITLE		, , , , , , , , , , , , , , , , , , ,	☐ Delete	TITLE						7 Cha	T Address	ł
NAME			La Delete	NAME					L] Change	☐ Addition	
STREET ADDRESS					T ADDRESS							
CITY-ST-ZIP					ST-ZIP							
13. I hereby co	ertify that the	information supplied with this	filing does not qualify for t	he exen	nption state	d in Section 1	119.07(3)(i), Florida Statu	tes. I furthe	er certify	that the ir		

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. July 8/2002 604-638-38/)

SIGNATURE: 🔀