

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F54642

1. Entity Name

DOT COM ENTERTAINMENT GROUP, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90013 049 ***158.75

Principal Place of Business

Mailing Address

300 PEARL ST Delaware Ave.
SUITE 200
BUFFALO NY 14202
US

7895 SW 104 ST
#210
MIAMI FL 33156-3159

2. Principal Place of Business

3. Mailing Address

300 Delaware Ave
Suite, Apt. #, etc.

300 Delaware Ave
Suite, Apt. #, etc.

City & State

Buffalo NY

City & State

Buffalo NY

Zip

14202

Country

United States

Zip

14202

Country

USA

4. FEI Number

58-2466312

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME WHITE, SCOTT
STREET ADDRESS 1276 HILLHURST RD
CITY-ST-ZIP OAKVILLE ON L6J- 4X

TITLE C/D ☐ Change ☒ Addition
NAME Lusk, Ken
STREET ADDRESS 1 Orchard Street
CITY-ST-ZIP Markham, ON L3P 2S9

TITLE D ☐ Delete
NAME WHITE, GEORGE
STREET ADDRESS 170 HEDGE RD
CITY-ST-ZIP SUTTON ON LOE- 1R0

TITLE S ☐ Change ☒ Addition
NAME Howard Rubinoff
STREET ADDRESS Ste 4400, P.O. Box 95, Royal Trust Tower
CITY-ST-ZIP Toronto, ON, M5K 1G8

TITLE DV ☐ Delete
NAME MALONE, PERRY
STREET ADDRESS 1048 CEDARGROVE BLVD
CITY-ST-ZIP OAKVILLE ON CANADA L6J- 2C1

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME REILLY, JOHN
STREET ADDRESS 21 BESBOROUGH ST
CITY-ST-ZIP TORONTO ON CANADA M3G- 3H7

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7/00

Date

905
337 8524

Daytime Phone #

CR/1034 (9/99)