2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State
02-02-2001 90292 049 ***158.75

DOCUMENT # F54642

1. Entity Name
DOT COM ENTERTAINMENT GROUP, INC.

Principal Place of Business	Mailing Address
300 DELAWARE AVE BUFFALO NY 14202 US	300 DELAWARE AVE BUFFALO NY 14202 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 58-2466312 ☐ 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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WHITE, SCOTT 1276 HILLHURST RD OAKVILLE ON L6J- 4X	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Colivas, Theodore 45 Kingsbridge Garden Circle, Ste 1205 Mississauga, ON L5R 3K4 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITE, GEORGE 170 HEDGE RD SUTTON ON L0E- 1R0	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Kern, Andre 5192 Old Brock Road Claremont ON L1Y 1B7 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MALONE, PERRY 1048 CEDARGROVE BLVD OAKVILLE ON CANADA L6J- 2C1	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Scott, Glen 38 Shaftesbury Ave Toronto, ON M4T 1A2 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REILLY, JOHN 21 BESBOROUGH ST TORONTO ON CANADA M3G- 3HT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Riccuiti, Frank. 1409 The Links Drive Oakville, ON L6H 2N9 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD LUSK, KEN 1 ORCHARD ST MARKHAM, ON L3P 2S9	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RUBINOFF, HOWARD ROYAL TRUST TOWER PO BOX 95 TORONTO, ON M5K 1G8 SUITE- 440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: _____ Andre Kern Jan. 10/01 9053378524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #