

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

08-13-2002 90222 032 ***550.00

DOCUMENT # F54642

1. Entity Name
DOT COM ENTERTAINMENT GROUP, INC.

Principal Place of Business

**300 DELAWARE AVE
 BUFFALO NY 14202
 US**

Mailing Address

**300 DELAWARE AVE
 BUFFALO NY 14202
 US**

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. 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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 ☐ Delete
 NAME **PD WHITE, SCOTT**
 STREET ADDRESS **1276 HILLHURST RD**
 CITY-ST-ZIP **OAKVILLE ON L6J- 4X**

TITLE ☐ Change ☒ Addition
 NAME **C/O FRANK RICCIUTE**
 STREET ADDRESS **1409 THE LINKS DRIVE**
 CITY-ST-ZIP **OAKVILLE, ONTARIO L6M 2N9**

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

TITLE ☐ Change ☒ Addition
 NAME **D ROBERT OLSEN**
 STREET ADDRESS **27 RIVERVIEW DRIVE**
 CITY-ST-ZIP **TORONTO, ONTARIO M4N 3C6**

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

TITLE ☐ Change ☒ Addition
 NAME **TS DRUID CALLANDER**
 STREET ADDRESS **2255 MARINE DR #2**
 CITY-ST-ZIP **OAKVILLE, ONTARIO L6L 1C1**

TITLE ☐ Delete
 NAME **D 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 **CD LUSK, KEN**
 STREET ADDRESS **1 ORCHARD ST**
 CITY-ST-ZIP **MARKHAM, ON L3P 2S9**

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

TITLE ☒ Delete
 NAME **S RUBINOFF, HOWARD**
 STREET ADDRESS **ROYAL TRUST TOWER PO BOX 95**
 CITY-ST-ZIP **TORONTO, ON M5K 1G8 SUITE- 440**

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

July 31, 2002

905 337 8024 ext 231

CR2E034 (4/02)