

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F54642

FILED
Apr 29, 2004
Secretary of State

Entity Name: DOT COM ENTERTAINMENT GROUP, INC.

Current Principal Place of Business:

300 DELAWARE AVE
BUFFALO, NY 14202 US

New Principal Place of Business:

Current Mailing Address:

300 DELAWARE AVE
BUFFALO, NY 14202 US

New Mailing Address:

FEI Number: 58-2466312 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WHITE, SCOTT
Address: 1276 HILLHURST RD
City-St-Zip: OAKVILLE, ON L6J 4X1 CA

Title: CFO () Delete
Name: CALLANDER, DAVID
Address: 2295 MARINE DRIVE, UNIT 7
City-St-Zip: OAKVILLE, ON L6L 1C2 CA

Title: DV () Delete
Name: MALONE, PERRY
Address: 1048 CEDARGROVE BLVD
City-St-Zip: OAKVILLE, ON L6J 2C1 CA

Title: D () Delete
Name: REILLY, JOHN
Address: 21 BESSBOROUGH DRIVE
City-St-Zip: TORONTO, ON M4G 3H6 CA

Title: CD () Delete
Name: RICCIUTI, FRANK
Address: 1409 THE LINKS DR
City-St-Zip: OAKVILLE, ON L6M 2N9 CA

Title: D (X) Delete
Name: OLSEN, ROBERT
Address: 27 RIVERVIEW DR
City-St-Zip: TORONTO, ON M4N 3C6 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MALONE, PERRY
Address: 1048 CEDARGROVE BLVD
City-St-Zip: OAKVILLE, ON L6J 2C1 CA

Title: D (X) Change () Addition
Name: COLIVAS, TED
Address: 1250-45 KINGSBRIDGE GARDEN CIRCLE
City-St-Zip: MISSISSAUGA, ON L5R 3K4 CA

Title: CD (X) Change () Addition
Name: DE WERTH, ANTHONY
Address: 978 DEGRASSI COVE PL
City-St-Zip: LEFROY, ON L0L 1W0 CA

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID CALLANDER

CFO

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date