

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90135 001 \*\*\*300.00

**DOCUMENT # F75846**

1. Entity Name  
**MOFFAT COMMUNICATIONS, INC.**

Principal Place of Business

**30432 SR 54  
WESLEY CHAPEL FL 33543**

Mailing Address

**4103 WEST LAKE HOUSTON PKWY  
HOUSTON TX 77339-5299  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2202161**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**INTRASATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>WAGMAN, FRED</b>
STREET ADDRESS	<b>3624 RENFREW CRESCENT</b>
CITY-ST-ZIP	<b>REGINA, SASKATCHEWAN, CANADA S4V- 2V7</b>
TITLE	<b>C</b> <input type="checkbox"/> Delete
NAME	<b>SHAW, JR</b>
STREET ADDRESS	<b>400 EAU CLAIRE AVE SW SUITE 8801</b>
CITY-ST-ZIP	<b>CALGARY, ALBERTA CANADA</b>
TITLE	<b>VC</b> <input type="checkbox"/> Delete
NAME	<b>SHAW, JIM</b>
STREET ADDRESS	<b>1007 HILLSCREST AVENUE, S.W. X</b>
CITY-ST-ZIP	<b>CALGARY, ALBERTA CANADA</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>BISSONNETTE, PETER</b>
STREET ADDRESS	<b>76 SUNSET CLOSE, P.E. X</b>
CITY-ST-ZIP	<b>CALGARY, ALBERTA CANADA</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>ROGER, RONALD D</b>
STREET ADDRESS	<b>151 MALIBU ROAD, S.W. X</b>
CITY-ST-ZIP	<b>CALGARY, ALBERTA CANADA</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>MICALLEF, MARGOT M</b>
STREET ADDRESS	<b>72 MOUNT CASCADE CLOSE, S.E. X</b>
CITY-ST-ZIP	<b>CALGARY, ALBERTA CANADA</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>C/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JR SHAW</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>VC/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JIM SHAW</b>
STREET ADDRESS	<b>827 PROSPECT AVENUE SW</b>
CITY-ST-ZIP	<b>CALGARY, ALBERTA CANADA T2T 0W6</b>
TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETER BISSONNETTE</b>
STREET ADDRESS	<b>45 SUNSET WAY SE</b>
CITY-ST-ZIP	<b>CALGARY, ALBERTA CANADA T2X 3H6</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RONALD, D. ROGERS</b>
STREET ADDRESS	<b>15 CANDLE TERRACE SW</b>
CITY-ST-ZIP	<b>CALGARY, ALBERTA CANADA</b>
TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARGOT M. MICALLEF</b>
STREET ADDRESS	<b>3807 - 7th AVENUE SW</b>
CITY-ST-ZIP	<b>CALGARY, ALBERTA CANADA T2T 2Y4</b>

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARGOT M. MICALLEF, Q.C.**  
DIRECTOR AND SECRETARY

**APRIL 24, 2002 (403) 750-4500**

Date

Daytime Phone #

CR2E034 (9/01)