

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90029 013 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
NAME **SHAW, JR**
STREET ADDRESS **400 EAU CLAIRE AVE SW SUITE 8801**
CITY-ST-ZIP **CALGARY, ALBERTA CANADA**

TITLE ****ADDRESS CHANGE**** ☐ Change ☐ Addition
NAME
STREET ADDRESS **402, 680 PRINCETON WAY SW**
CITY-ST-ZIP **CALGARY, ALBERTA T2P 5K2**

TITLE **VCD** ☐ Delete
NAME **SHAW, JIM**
STREET ADDRESS **827 PROSPECT AVE. SW**
CITY-ST-ZIP **CALGARY, ALBERTA, CANADA T2T 0WW6**

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

TITLE **PD** ☐ Delete
NAME **BISSONNETTE, PETER**
STREET ADDRESS **45 SUNSET WAY SE**
CITY-ST-ZIP **CALGARY, ALBERTA, CANADA T2X- 3H6**

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

TITLE **T** ☐ Delete
NAME **ROGERS, RONALD D**
STREET ADDRESS **15 CANDLE TERRACE SW**
CITY-ST-ZIP **CALGARY, ALBERTA CANADA**

TITLE ****ADDRESS CHANGE**** ☐ Change ☐ Addition
NAME
STREET ADDRESS **SUITE 900, 630 - 3rd AVENUE SW**
CITY-ST-ZIP **CALGARY, ALBERTA T2P 4L4**

TITLE **SD** ☒ Delete
NAME **MICALLEF, MARGOT M**
STREET ADDRESS **3807 7TH AVE. SW**
CITY-ST-ZIP **CALGARY, ALBERTA, CANADA T2T- 2Y4**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

PETER BISSONNETTE

APR 14 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)