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PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005872

1. Corporation Name
SOUTHEX EXHIBITIONS INC

| Principal Place of Business | Mailing Address |
|---|---|
| ONE SHERIDAN PLACE<br>3990 SHERIDAN STREET SUITE 107<br>HOLLYWOOD FL 33021 | 1 CONCORDE GATE<br>SUITE 800<br>NORTH. ONTARIO. CANADA M3C -2N6<br>OC |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 11/12/1996

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 8400 Bay Meadows Way, Suite 8 | 26 same as above |
| Suite, Apt. #, etc.<br>22 Jacksonville | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 Florida | City & State<br>28 |
| Zip / Country<br>24 32256 / 25 USA | Zip / Country<br>29 / 30 |

4. FEI Number: 65-0698336 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE FL 32301 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | CD | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | FRANKS, MICHAEL | | 1.2 NAME | |
| STREET ADDRESS | 28 MORGAN GARDENS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ALDENHAM, HERTS, UK WD2 -8BF | | 1.4 CITY-ST-ZIP | |
| TITLE | PD | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | ALLEN, KENT R | | 2.2 NAME | |
| STREET ADDRESS | 28 CASPER CRESCENT | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRAMPTON, ONTARIO, CANADA L6W -4N2 | | 2.4 CITY-ST-ZIP | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | ALLINGHAM, J. PAUL | | 3.2 NAME | |
| STREET ADDRESS | 329 SHOREACRES ROAD | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BURLINGTON, ONTARIO, CANADA L7L -5T3 | | 3.4 CITY-ST-ZIP | |
| TITLE | D | ☒ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | ADKINS, SIMON PAUL | Change effective March 1999 | 4.2 NAME | |
| STREET ADDRESS | 10 TROVERE PARK | No Replacement | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | HEMEL HEMPSTEAD, UK HP1 -3HY | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED — April 5/99 — (416)385-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (1/98)