

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) :

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90050 014 ***150.00

DOCUMENT # F96000005872



1. Entity Name
DMG WORLD MEDIA (USA) INC.

Principal Place of Business
**8400 BAY MEADOWS WAY
SUITE 8
JACKSONVILLE FL 32256
US**

Mailing Address
**180 DUNCAN MILL ROAD
4/F
TORONTO, ONTARIO M3B- 1Z6
CA**

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

65-0698336

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 ☐ Delete
NAME **CPD FRANKS, MICHAEL**
STREET ADDRESS **545 5TH STREET E**
CITY-ST-ZIP **SONOMA CA 95476**

TITLE ☒ Change ☐ Addition
NAME **COO/DIRECTOR FRANKS, MICHAEL**
STREET ADDRESS **545 5TH STREET E**
CITY-ST-ZIP **SONOMA CA 95476**

TITLE ☐ Delete
NAME **D BARNES, FRED**
STREET ADDRESS **1089 TALLTREE LANE**
CITY-ST-ZIP **NORTH VANCOUVER, B.C. CD V7R-1-3**

TITLE ☒ Change ☐ Addition
NAME **D BARNES, FRED**
STREET ADDRESS **1089 TALL TREE LANE**
CITY-ST-ZIP **NORTH VANCOUVER, BC V7R-1W3**

TITLE ☐ Delete
NAME **SD ALLINGHAM, J. PAUL**
STREET ADDRESS **329 SHOREACRES ROAD**
CITY-ST-ZIP **BURLINGTON, ONTARIO CN L7L-5-3**

TITLE ☒ Change ☐ Addition
NAME **SD ALLINGHAM, J. PAUL**
STREET ADDRESS **329 SHOREACRES ROAD**
CITY-ST-ZIP **BURLINGTON, ONTARIO L7L 5P3**

TITLE ☐ Delete
NAME **V WHITE, MARK**
STREET ADDRESS **9 INNISBROOK CRESCENT**
CITY-ST-ZIP **THORNHILL, ONTARIO CN L3T-5-9**

TITLE ☒ Change ☐ Addition
NAME **V WHITE, MARK**
STREET ADDRESS **1230 AVENUE ROAD MAIN FLOOR APT**
CITY-ST-ZIP **TORONTO ONT M5N 2G6**

TITLE ☐ Delete
NAME **AS ENGROS, CHARLES**
STREET ADDRESS **MORGAN, LEWIS, & BOCKIUS, 101 PARK AVE**
CITY-ST-ZIP **NEW YORK NY 10178-0060**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **CPD COOKE, MICHAEL LANCE**
STREET ADDRESS **49 MANOR ROAD**
CITY-ST-ZIP **KENTFIELD CA 94909-1128**

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 REQUIRE MARK WHITE**

Feb 24/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)