## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 06, 2000 8:00 am DOCUMENT # F9800001751 Secretary of State 03-06-2000 90100 001 \*\*\*150.00 INTERNATIONAL CALENDAR CO. Mailing Address Principal Place of Business 27 SHEFFIELD STREET A SHEFFIELD STREET TORONTO CORDINIO TIO GANADA MOM SES ONTARIO CANADA M6M 3E9 3. Mailing Address Principal Place of Business 15 DENSLEY AVE 15 DENSLEY DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 98-0178748 ONTARIO Not Applicable ONTARIO TORONTO TORONTO CANADA \$8.75 Additional 5. Certificate of Status Desired 2P5 CANADA Fee Required MGM M bM 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Delete TITLE NAME VERASAMI, ERROL NAME 15 DENSLEY AVE STREET ADDRESS STREET ADDRESS -73-SHEFFIELD-STREET m 6 m aps canada CITY-ST-ZIP CITY-ST-ZIP TORONTI: ONTARIO CANADA TITLE ☐ Delete TITLE PD NAME WARREN, JONATHAN P NAME 15 DEWSLEY AVE STREET ADDRESS 77-SHEFFIELD-STREET STREET ADDRESS ONT MGM 2PS CANDA CITY-ST-ZIP CITY-ST-ZIP TORONTI ONTARIO CANADA Addition TITLE □ Delete TITLE NAME WARREN, RYAN L NAME STREET ADDRESS STREET ADDRESS -77 SHEFFIELD STREET ONTARIO MGM 2P5 CANADA CITY-ST-ZIP CITY-ST-ZIP **IORONTI ONTARIO CANAD**A ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP [ ] Change Addition ☐ Delete TITLE

13. I hereby certify that the information supplied with this filling 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 true exemplowered 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 4

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

416-243-8766 X2147