

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90010 044 ***150.00

DOCUMENT # F98000002947

1. Entity Name
MUSCLEMAG INTERNATIONAL CORPORATION (U.S.A.)

Principal Place of Business

Mailing Address

~~1025 BARCLAY BLVD.~~
~~BUFFALO GROVE IL 60089~~

ATTENTION: MARIANNE BUTLER
 6465 AIRPORT RD.
 MISSISSAUG. ONTARIO CANADA L4V

2. Principal Place of Business

3. Mailing Address

1435 Busch Pkwy

Attention: Marianne Butler

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6465 Airport Rd.

City & State
Buffalo Grove, IL

City & State
Mississauga, Ontario

Zip
60089

Country
USA

Zip
L4V 1E4

Country
Canada

4. FEI Number **98-0161431**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	KENNEDY, ROBERT	
STREET ADDRESS	6465 AIRPORT RD., MISSISSAUGA, ONTARIO	
CITY-ST-ZIP	CANADA LV41E4	
TITLE	S	<input type="checkbox"/> Delete
NAME	BUTLER, MARIANNE	
STREET ADDRESS	185 ROYAL VALLEY DR.	
CITY-ST-ZIP	CALEDON, ONTARIO CANADA L7C- 1B3	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 employment.

SIGNATURE: **Marianne Butler** **Secretary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **March 4, 2000**
 Daytime Phone # **905-678-3496**

CR2E034 (9/99)