

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # F99000003399**1. Entity Name
CYBERVILLE STUDIOS, INC.

Principal Place of Business

4199 RENOAK COURT

MISSISSAUGA ONTARIO CANADA
L5C 4K3

Mailing Address

4199 RENOAK COURT

MISSISSAUGA ONTARIO CANADA
L5C 4K3

2. Principal Place of Business

4199 RENOAK COURT

3. Mailing Address

4199 RENOAK COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MISSISSAUGA ONTARIO CANADA ON

City & State

MISSISSAUGA ONTARIO CANADA ON

4. FEI Number

98-0207457

Applied For

Not Applicable

Zip
L5C 4K3Country
CAZip
L5C 4K3Country
CA

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HRAWG CORP.

2000 GLADES ROAD, SUITE 400

BOCA RATON

33431

US

FL

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/25/2001

DATE

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, 2001 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

TITLE	DS	<input type="checkbox"/> Delete
NAME	BANK GABRIELLA	
STREET ADDRESS	4199 RENOAK COURT	
CITY-ST-ZIP	MISSISSAUGA ONTARIO CANADA L5C 4K3	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BANK SANDOR	
STREET ADDRESS	4199 RENOAK COURT	
CITY-ST-ZIP	MISSISSAUGA ONTARIO CANADA L5C 4K3	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANK GABRIELLA	
STREET ADDRESS	4199 RENOAK COURT	
CITY-ST-ZIP	MISSISSAUGA ONTARIO CANADA ON L5C 4K3	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANK SANDOR	
STREET ADDRESS	4199 RENOAK COURT	
CITY-ST-ZIP	MISSISSAUGA ONTARIO CANADA ON L5C 4K3	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 empowered.

SIGNATURE: Sandor Bank

Pres

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)