

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90288 048 ***158.75

DOCUMENT # F99000003399

1. Entity Name

CYBERVILLE STUDIOS, INC.

Principal Place of Business

**4199 RENOAK COURT
 MISSISSAUGA ONTARIO CANADA ON L5C -4K3
 CA**

Mailing Address

**4199 RENOAK COURT
 MISSISSAUGA ONTARIO CANADA ON L5C -4K3
 CA**

2. Principal Place of Business

7345 SANDLAKE RD.

3. Mailing Address

145 HILLCREST AVE

Suite, Apt. #, etc.

SUITE 318

Suite, Apt. #, etc.

SUITE 1204

City & State

ORLANDO, FLORIDA

City & State

MISSISSAUGA, ONTARIO

Zip

32819

Country

USA

Zip

L5B 3Z1

Country

CANADA

4. FEI Number

98-0207457

Applied For

Not Applicable

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 FL 33431**

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

APRIL 18, 2002

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, 2002 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 **PD** ☐ Delete
 NAME **BANK, SANDOR**
 STREET ADDRESS **4199 RENOAK COURT**
 CITY-ST-ZIP **MISSISSAUGA ONTARIO CANADA ON L5C -4K3**

TITLE **DS** ☐ Delete
 NAME **BANK, GABRIELLA**
 STREET ADDRESS **4199 RENOAK COURT**
 CITY-ST-ZIP **MISSISSAUGA ONTARIO CANADA ON L5C -4K3**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **BANK, SANDOR**
 STREET ADDRESS **145 HILLCREST AVE, SUITE 1204**
 CITY-ST-ZIP **MISSISSAUGA, ONTARIO CANADA L5B 3Z1**

TITLE **DS** ☒ Change ☐ Addition
 NAME **GABRIELLA BANK**
 STREET ADDRESS **145 HILLCREST AVE, SUITE 1204**
 CITY-ST-ZIP **MISSISSAUGA, ONTARIO CANADA L5B 3Z1**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 18, 2002

Date

407-345-5021

Daytime Phone #

CR2E034 (9/01)