

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000846

1. Entity Name

TSSE ACQUISITION, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 20 PM 12:40

74327



Principal Place of Business

1 CONCORD GATE, SUITE 800  
TORONTO, ONTARIO  
M3C 3N6, CANADA

Mailing Address

1 CONCORD GATE, SUITE 800  
TORONTO, ONTARIO  
M3C 3N6, CANADA

2. Principal Place of Business

3. Mailing Address

990 Hammond Drive

Suite, Apt. #, etc.

#680

City & State

Atlanta, GA

Zip

30328

Country

USA

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0698336

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM  
NAME SOUTHEX EXHIBITIONS, INC.  
STREET ADDRESS 1 CONCORDE GATE, STE 800, TORONTO, ONTARIO  
CITY-ST-ZIP M3C 3N6 CANADA

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☒ Delete

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NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)