

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90119 045 ***550.00

DOCUMENT # P00000010367

1. Entity Name
VISUAL BIBLE, INC.

Principal Place of Business
**5100 TOWN CENTER CIRCLE
 SUITE 330
 BOCA RATON FL 33486**

Mailing Address
**5100 TOWN CENTER CIRCLE
 SUITE 330
 BOCA RATON FL 33486**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Suite 430

Suite, Apt. #, etc.
Suite 430

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1010039**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**E.H.G. RESIDENT AGENTS, INC.
 5100 TOWN CENTER CIRCLE
 SUITE 330 430
 BOCA RATON FL 33486**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PD** ☒ Delete
 NAME **JOHNSON, DANIEL W**
 STREET ADDRESS **5100 TOWN CENTER CIRCLE, SUITE 300**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **Executive Vice President** ☐ Change ☒ Addition
 NAME **Harold Kramer**
 STREET ADDRESS **1235 Bay St., Suite 300**
 CITY-ST-ZIP **Toronto, Ontario M5R 3K4 Canada**

TITLE **S** ☒ Delete
 NAME **PETWAY, JAMES G JR**
 STREET ADDRESS **5100 TOWN CENTER CIRCLE, SUITE 330**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **Chief Financial Officer** ☐ Change ☒ Addition
 NAME **Harold Kramer**
 STREET ADDRESS **1235 Bay St., Suite 300**
 CITY-ST-ZIP **Toronto, Ontario M5R-3K4 Canada**

TITLE **D** ☒ Delete
 NAME **WONG, PAUL**
 STREET ADDRESS **1408 LIPPO SUN PLAZA, 28 CANTON ROAD**
 CITY-ST-ZIP **KOWLOON, HONG KONG**

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

TITLE **D** ☒ Delete
 NAME **NG, ANTHONY**
 STREET ADDRESS **1408 LIPPO SUN PLAZA, 28 CANTON ROAD**
 CITY-ST-ZIP **KOWLOON, HONG KONG**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **S. Daniel Johnson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/02

416-968-9800

CR2E034 (4/02)