

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

0151707

DOCUMENT # P0000043109

03-20-2001 90036 017 \*\*\*150.00

1. Entity Name  
**FIRST STRIKE FULFILLMENT, INC.**

Principal Place of Business      Mailing Address  
**701 BRICKELL AVE. SUITE 3000**      **701 BRICKELL AVE. SUITE 3000**  
**MIAMI FL 33131**      **MIAMI FL 33131**

2. Principal Place of Business      3. Mailing Address  
*1311 SW 1 Way*      *1311 SW 1 Way*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
*DEERFIELD BEACH FL*      *DEERFIELD BEACH FL*

Zip      Country      Zip      Country  
*33441*      *U.S.A.*      *33441*      *U.S.A.*

4. FEI Number      Applied For  
**65-1031127**      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**

**INTRASTATE REGISTERED AGENT CORPORATION**  
**701 BRICKELL AVE.**  
**SUITE 3000**  
**MIAMI FL 33131**

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, 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| 11. OFFICERS AND DIRECTORS |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|--|---|---|
| TITLE                      | NAME   | TITLE   | NAME  |
|                            | DP<br>FROMSTEIN, BERNARD<br>c/o Datacom Marketing<br>2200 YOUNG STREET, STE. 500<br>TORONTO, ONTARIO<br>Canada M4S 2C6 | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            | DVP<br>BURROWS, ALLAN<br>c/o Datacom Marketing<br>2200 YOUNG STREET, STE. 500<br>TORONTO, ONTARIO<br>Canada M4S 2C6    | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |  | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |  | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |  | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |  | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |  | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Bernard Fromstein      03/07/01      416-488-8181  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)