

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 08, 2002 8:00 am**  
**Secretary of State**

08-08-2002 90093 009 \*\*\*558.75

DOCUMENT # P00000103892 ✓

1. Entity Name

Celebration New Media, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2673 Sugar Pine Run

Suite, Apt. #, etc.

3. Mailing Address

4464 Markham St.

Suite, Apt. #, etc.

Suite 2301

City & State

Oviedo, FL

City & State

Victoria, British Columbia

Zip

32765

Country

USA

Zip

V8Z 7X8

Country

Canada

4. FEI Number

75-2997242

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Melissa Ignacio

Street Address (P.O. Box Number Not Acceptable)

2673 Sugar Pine Run

City

Oviedo

FL

Zip Code

32765

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

Melissa Ignacio

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

Melissa Ignacio

(NOTE: Registered Agent signature required when reinstating)

7-15-02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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: Director  
NAME: Robin Gardner Poncia  
STREET ADDRESS: 875 Gardner Place  
CITY-ST-ZIP: Victoria, British Columbia  
Canada V8Y 3G7

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

7-25-02 1:25  
658.  
ext. 12

CR2E034B (12/01)