

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90132 003 ***158.75

DOCUMENT # P00000103892

1. Entity Name
CELEBRATION NEW MEDIA, INC.



Principal Place of Business
2673 SUGAR PINE RUN
OVIEDO FL 32765

Mailing Address
4464 MARKHAM ST
SUITE 2301
VICTORIA, BRITISH COLUMBIA CA V8Z- 7X8

2. Principal Place of Business

581 Wellesley St.

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oviedo, FL

City & State

Zip

32765

Country

USA

Zip

Country

4. FEI Number

75-2997242

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

IGNACIO, MELISSA
2673 SUGAR PINE RUN
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name

Melissa Ignacio

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

581 Wellesley St.

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

SIGNATURE

Melissa Ignacio

x Melissa Ignacio

x 1-31-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME GARDNER PONCIA, ROBIN
STREET ADDRESS 875 GARDNER PLACE
CITY-ST-ZIP VICTORIA, BRITISH COLUMBIA CA V8Y- 3G7

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03

Date

250-658-8238

Daytime Phone #

CR2E034 (10/02)