

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112373

1. Entity Name

WESTERN NETWORKS INC.

Principal Place of Business

Mailing Address

C/O MIRKIN & WOOLF, P.A.
1700 PALM BEACH LAKES BLVD
WEST PALM BEACH FL 33401

C/O MIRKIN & WOOLF, P.A.
1700 PALM BEACH LAKES BLVD
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

MIRKIN, MARK H ESQ
C/O MIRKIN & WOOLF, P.A.
1700 PALM BEACH LAKES BLVD #580
WEST PALM BEACH FL 33401

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

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BRODIE, IAN S
CITY-ST-ZIP 1010 BEACH AVENUE 701
VANCOUVER BC CANADA V6C 1T7

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

TITLE ☐ Delete
NAME D
STREET ADDRESS JARDINE, BRENT
CITY-ST-ZIP 140 E 27TH STREET
VANCOUVER BC CANADA V6C 1T7

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MORRICE, SCOTT
CITY-ST-ZIP 13554 WOODCREST DRIVE
SURREY BC CANADA V4P 1W6

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17441/01

Date

604-688-6889

Daytime Phone #

CR2E034 (10/00)

0007446

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90011 010 ***550.00

00061241



DO NOT WRITE IN THIS SPACE