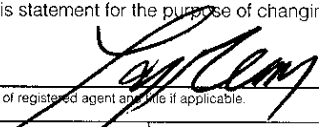


**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90080 007 \*\*\*150.00

**DOCUMENT # P12779**1. Entity Name  
**CAN-LON, INC.**Principal Place of Business  
**C/O STEVEN M SAMAHA, ESQ**  
**201 N FRANKLIN ST. STE 2200**  
**TAMPA FL 33602**Mailing Address  
**C/O STEVEN M SAMAHA, ESQ**  
**201 N FRANKLIN ST. STE 2200**  
**TAMPA FL 33602**2. Principal Place of Business  
**c/o Larry Geimer**Suite, Apt. #, etc.  
**890-1515 Ringling Blvd.**City & State  
**Sarasota FL**Zip  
**34236**Country  
**USA**3. Mailing Address  
**c/o Larry Geimer**Suite, Apt. #, etc.  
**890-1515 Ringling Blvd.**City & State  
**Sarasota FL**Zip  
**34236**Country  
**USA**4. FEI Number **75-1767288**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****SAMAH, STEVEN M., ESQ.**  
**201 N. FRANKLIN ST., SUITE 2200**  
**TAMPA FL 33602****7. Name and Address of New Registered Agent**Name  
**Geimer, Larry**  
Street Address (P.O. Box Number is Not Acceptable)  
**890-1515 Ringling Blvd.**City  
**Sarasota** **FL** Zip Code  
**34236**

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 **2/13/01**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**TITLE  
NAME **PD**  
STREET ADDRESS **SISKIND, ROBERT**  
CITY-ST-ZIP **STE 303, 252 PALL MALL ST**  
**LONDON ON N6A- 5P6** ☐ DeleteTITLE  
NAME **ST**  
STREET ADDRESS **SISKIND, SHELLY**  
CITY-ST-ZIP **STE 303, 252 PALL MALL ST**  
**LONDON ON N6A- 5P6** ☐ DeleteTITLE  
NAME **VD**  
STREET ADDRESS **SAMAH, STEVEN M.**  
CITY-ST-ZIP **201 N FRANKLIN ST., STE 2200**  
**TAMPA FL 33602** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: **Robert Siskind****February 22, 2001****(519) 672-1585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)