## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9200003670

1. Corporation Name

VIDEOTRON (BAY AREA) INC.

Principal Place of Business Mailing Address			T AMBITRATI STATE STATE STATE DESITE DATE OF THE BRISH OF STATE THE STATE OF STATE STATE OF STATE STAT		
,					
18940-19 NORTH CLEARWATER FL 34624 US		C/O GOLDSTEIN & MARKS 500 E KENNEDY BLVD. #200 TAMPA FL 33802 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
				11/12/1992	
T	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3155549	Not Applicable
Suite, Apt.	. #, etc	Suite, Apt. #, etc		5, Certifcate of Status Desired [_]	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution [7]	Added to Fees
Zip	Country	Zıp	Country	8. This corporation owes the current year	In anoible
24	25	29	30	Personal Property Tax	[]Yes []No
•1	g. Name and Address of Curr		_1221	10 Name and Address of New Register	ed Agent
500	LDSTEIN, BRUCE S. EAST KENNEDY BLVD STE 20 IPA FL 33602		81 Name 82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
•					
ĺ			84 City	•	85 Zip Code
•		·			<b></b>
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Sta	l502 and 607.1508, Florida Statu ite of Florida, Such change was	ites, the above-named co authorized by the coroora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	e of changing its registered prointment as registered
agent. La	am familiar with, and accept the obli	igations of, Section 607.0505, FI	orida Statutes	and a doctor of the copy decept and op	, po milioni de regionale
SIGNATURE					
	Signature, typed or printed name of registered a		E Registered Agent signature requ		
12.		AND DIRECTORS  [**] DELETE	13,	ADDITIONS/CHANGES TO OFFICERS	
TITLE	<b>S</b>	[2] DELETE	1117/22	• •	[] Change [X] Addition
NAME RENAULT, SUZANNE				Brochu, Guy	
STREET ADDRESS 300 VIGER AVE EAST-6TH FLOOR		LOOR	13 STREET ADDRESS	300 Viger ave East-6th Fl	oor
City-St-ZiP	MONTREAL QU		14 CITY-ST-ZIF	Montreal QU	
TITLE	AS	[   DELETE	21 TITLE	V	Change X Addition
NAME	BERMAN, RUSSELL S.		22 NAME	Evan E. Carb	
STREET ADDRESS 1114 AVE OF THE AMERICAS-NY,			975-H Industrial Road		
CITY-ST-ZIP NEW YORK NY			San Carlos, CA 940-70		
TITLE	M	[] DELETE		5an carios <u>, ca940-70 _</u> 0	[V] Change [] Addition
l	'''	til pecele	32 NAME	O .	Caramon Caramon
NAME	HREN, REN				7100 0
STREET ADDRESS			33 STREET ADORESS	0000002550	LITIO
CITY-ST-ZIP	CLEARWATER FL		34 CITY-ST-ZIP	-06/11/99-	-01010002
TITLE	PD	☐ DELETE		CD ****300.0	0 *****150-06****
NAME	BEAUDRY, GUY G		4 2 NAVE		
STREET ADDRESS		6TH FLOOR	43 STREET ADDRESS		
CITY-ST-ZIP	MONTREAL QU		4.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	51 TiTLE	V	☐ Change X Addition
NAME	MICHEL, ALAIN		5.2 NAME	Labonté, François	
STREET ADDRESS		TH FLOOR		975-H Industrial Road	
City-St-ZiP	MONTREAL QU	• •		San Carlos, CA 940-70	
TITLE	COO	C) DELETE	6 1 TOTLE	e	Γ ] Change X Addition

14. Thereby certify that the information supplied with this filing does not qualify for the exemption staged in Section 119.07(3)(i). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

62 NAVE

63 STREET ADDRESS

C00

MUSTAIN, PHIL

975-H INDUSTRAIL RD

TITLE

NAME

SIGNATURE: François D. Ramsay

DELETE

20/4/99 281-1232 Captime Phone #

300 Viger ave East-6th Floor

Ramsay, François D.