## 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 # P95000096019

1. Corporation Name

VHS NETWORK, INC.

## **FILED** Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90269 008 \*\*\*150.00

Principal Place of Business Mailing Address  1599 HURONTARIO ST SUITE 200 MISSISSAUGA. ONTARIO. CANADA L5G-4S1  DO NOT WRITE IN T  3. Date incorporated or Qualified	•••••	
SUITE 200 MISSISSAUGA, ONTARIO, CANADA L5G-4S1 MISSISSAUGA, ONTARIO, CANADA L5G-4S1 DO NOT WRITE IN T  3. Date Incorporated or Qualified		
MISSISSAUGA. ONTARIO. CANADA L5G-4S1 MISSISSAUGA. ONTARIO. CANADA L5G-4S1 DO NOT WRITE IN T  3. Date Incorporated or Qualified		
3. Date Incorporated or Qualifed	TUIC CRACE	
	THIS SPACE	
12/18/1995		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number		Applied For
21 228 MATHESON BLVD. E 26 228 MATHESON BLVD. E 65-0656668		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	•	75 Additional
22 27	Fe	e Required
City & State City & State 6. Election Campaign Financing	<b>\$5</b> .	<b>00</b> May Be
23 MISSISS AUGH ON THE RIO 28 MISSISS AUGH ON THE Trust Fund Contribution	Add	ded to Fees
Zip Country Zip Country 8. This corporation owes the current year		_
24 L4Z / X / 25 CANADA 29 L4Z / X / 30 CANADA Personal Property Tax.	☐ Yes	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Register	ered Agent	
81 Name		
GIORDANO, JOHN M  82 Street Address (P.O. Box Number is Not Acceptable)		
220 S FHANKLIN ST		
TAMPA FL 33602 83		
	les .	Zip Code
84 City .	FL  85  2	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose	se of changing	g its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the agent	appointment a	is registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE		
Objection, special relationship of the second secon		CTORS IN 12
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS  ™LE P □ DELETE 1.1 TITLE	S AND DIREC	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS  TITLE P □ DELETE 1.1 TITLE  NAME CATHCART, ELWIN 12 NAME	S AND DIREC	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS  TITLE P □ DELETE 1.1 TITLE  NAME CATHCART, ELWIN  STREET ADDRESS 1599 HURONTARIO ST SUITE 200 1.3 STREET ADDRESS	S AND DIREC	
12. OFFICERS AND DIRECTORS  TITLE  P  CATHCART, ELWIN  STREET ADDRESS  CITY-ST-ZIP  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS  1.1 TITLE  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  MISSISSAUGA, ONTARIO, CANADA L5G-4S1  1.4 CITY-ST-ZIP	S AND DIREC	nge
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12. OFFICERS AND DIRECTORS  TITLE  NAME  CATHCART, ELWIN  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  STITTLE  STITTL	S AND DIREC	nge Addition  nge Addition  nge Addition  nge Addition

14. 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 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 trystee 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 another interest and other like empowered.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

> TRUZ REQUIRED ATUBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #