

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90316 042 ***150.00

727066

DO NOT WRITE IN THIS SPACE

DOCUMENT # p9 5000096019
Entity Name VHS NETWORK, INC.

Principal Place of Business 228 Matheson Blvd., E
 Mississauga, ON 14-z1x1 CN
Mailing Address 228 Matheson Blvd., E
 Mississauga, ON 14-z1x1 CN

Principal Place of Business 6705 Tomken Road,
 Suite, Apt. #, etc. Suite 12
City & State Mississauga, Ontario

3. Mailing Address 6705 Tomken Road,
 Suite, Apt. #, etc. Suite 12
City & State Mississauga, Ontario

4. FEI Number **Applied For**
 Not Applicable

Zip L5T 2J6 **Country** Canada

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent
 John N. Giordano
 220 S. Franklin Street
 Tampa, FL 33602 US

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 re-registering) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE YOUR FEE IS \$150.00
After MAY 11, 2000 Fee will be \$200.00
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 President	<input type="checkbox"/> Delete	TITLE Elwin Cathcart	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Elwin Cathcart		NAME Elwin Cathcart	
STREET ADDRESS 6705 Tomken Road, Suite 12		STREET ADDRESS 6705 Tomken Road, Suite 12	
CITY-ST-ZIP Mississauga, Ontario L5T 2J6 Canada		CITY-ST-ZIP Mississauga, Ontario L5T 2J6 Canada	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: *Elwin Cathcart*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Elwin Cathcart**
Date: April 26/2000 **Daytime Phone #:** 905-795-9139

CR2E034 (9/99)