

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000039673**

Entity Name

**EPHONE TELECOM, INC.**

Principal Place of Business

Mailing Address

100-355 BURRARD STREET  
VANCOUVER, B.C.  
V6C2G8 CA

100-355 BURRARD STREET  
VANCOUVER, B.C.  
V6C2G8 CA

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

4. FEI Number

**85-0815042**

Applied For

Not Applicable

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

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 office if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
(Must Furnish Contribution) ☐

**\$5.00 May Be  
Added to Fees****11. OFFICERS AND DIRECTORS**

|                                                  |                                                                               |                                 |
|--------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------|
| FILE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | PSD<br>PICKERING, WALTER<br>8026 MODESTO DRIVE, DELTA, B.C.<br>CANADA V4C 4B1 | <input type="checkbox"/> Delete |
| FILE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                               | <input type="checkbox"/> Delete |
| FILE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                               | <input type="checkbox"/> Delete |
| FILE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                               | <input type="checkbox"/> Delete |
| FILE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                               | <input type="checkbox"/> Delete |
| FILE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                               | <input type="checkbox"/> Delete |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                                                  |                                                                                         |                                                                              |
|--------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| FILE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | C CEO D<br>CLARKE, Robert<br>915 Leyland Street<br>West Vancouver, B.C., Canada V7T 2L6 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| FILE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | P COO D<br>YANG, Charles<br>Ste. E, 39767 Paseo Parkway<br>Fremont, CA U.S.A.           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| FILE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | V-P D<br>FRASER, John<br>104 Elm Avenue<br>Toronto, Ontario                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| FILE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | D<br>VAN YZEREN, Willem<br>12 Goizendreef, Oud-Turnhout 2360<br>Belgium                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| FILE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | D<br>FRANCIS, Peter<br>Suite 3C, Ton Shan Terrace<br>Stubbs Road, Hong Kong             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| FILE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | S<br>RODRIGUEZ, Charlie<br>162 West Petunia Place<br>Tucson, Arizona, U.S.A. 85737      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 information provided.

SIGNATURE:

Charlie Rodriguez

Feb. 15, 2000

Date

Signature Number

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90013 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

continued on P.2

604-482-6161

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(NOTE: Registered Agent signature required when registering)

DATE

Corporation is eligible to satisfy its intangible  
filing requirement and elects to do so.  
(Criteria on back)☐

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After MAY 1, 2000 Fee will be \$550.00

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Trust Fund Contribution.☐\$5.00 May Be  
Added to Fees

## OFFICERS AND DIRECTORS

12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                                               |                                 |                                                |                                                                                          |                                                                              |
|-------------------------------------------------------------------------------|---------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| PSD<br>PICKERING, WALTER<br>8026 MODESTO DRIVE, DELTA, B.C.<br>CANADA V4C 4B1 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CFO<br>LEBOE, Benjamin<br>16730 Carra Landing Road<br>Lake Country, B.C., Canada V4V 1B2 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|                                                                               | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                                                                               | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                                                                               | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                                                                               | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                                                                               | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 furnished 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  
 provided, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Attachment  
20074495

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#096000639673

0611444

CR2E034 (9/99)