

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90182 014 \*\*\*150.00

**DOCUMENT #** P96000078792

**1. Entity Name**

INET COMMERCE CONDUIT CORP.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
1543 Bayview Avenue  
Suite, Apt. #, etc.  
Ste 409  
City & State  
Toronto, Ontario  
Zip  
M4G 3B5  
Country  
Canada

**3. Mailing Address**  
1543 Bayview Avenue  
Suite, Apt. #, etc.  
Ste 409  
City & State  
Toronto, Ontario  
Zip  
M4G 3B5  
Country  
Canada

DO NOT WRITE IN THIS SPACE

**4. FEI Number**  
65-0705830

**Applied For**  
☐ Not Applicable

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

**7. Name and Address of Current Registered Agent**

Name  
Keith McMonigle  
Street Address (P.O. Box Number is Not Acceptable)  
8100 SW 81 Dr #210  
City  
Miami  
FL  
Zip Code  
33143-6603

**DO NOT WRITE  
IN THIS SPACE**

**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**

*Keith McMonigle*

Keith McMonigle

04/22/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.** ☐  
(See certificate on back)

January 1 - May 1 Fee is \$100.00  
After May 1, Fee is \$650.00  
Amended UBR is \$5\* 25  
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** PRESIDENT  
**NAME** PATTI COOKE  
**STREET ADDRESS** 1543 BAYVIEW AVENUE, STE 409  
**CITY - ST - ZIP** TORONTO, ONTARIO M4G 3B5 CANADA

**TITLE** DIRECTOR  
**NAME** BRADLEY WILSON  
**STREET ADDRESS** 1543 BAYVIEW AVENUE, STE 409  
**CITY - ST - ZIP** TORONTO, ONTARIO M4G 3B5 CANADA

**TITLE** Change to:  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** President  
**NAME** Paul Stone  
**STREET ADDRESS** 615 Mount Pleasant Road  
**CITY - ST - ZIP** Toronto, Ontario  
M4S 3C5 Canada

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**13. I hereby certify that the information supplied with 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Paul Stone*

PATTI COOKE

*Paul Stone*

04/22/02

416-464-7484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #