
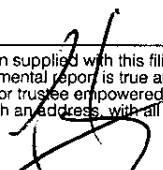


FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90729 048 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000078792			
1. Entity Name SBS INTERACTIVE, CO.			
Principal Place of Business 200 VIREROY RD. UNIT 5 CONCORD, ONTERIO, CA I4-k3n8 US		Mailing Address 200 VIREROY RD. UNIT 5 CONCORD, ONTERIO, CA I4-k3n8 US	
2. Principal Place of Business 4211 YONGE STREET Suite, Apt. #, etc. 235 City & State TORONTO, ON Zip M2P 2A9 Country CA		3. Mailing Address 4211 YONGE STREET Suite, Apt. #, etc. 235 City & State TORONTO, ON Zip M2P 2A9 Country CA	
4. FEI Number 65-0705830		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04142004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MC MONIGLE, KEITH 8100 SW 81 DRIVE, SUITE 210 MIAMI, FL 33143-6603		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOTLIEB, TODD 604A MOUNT PLEASANT RD. TORONTO ONTARIO, CA m452m8 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gotlieb, Todd 51 CAMPDEN DRIVE CONCORD, ONTARIO L4K 5S7 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTER, BARRY 488 MELROSE AVE. TORONTO ONTARIO, CA m5n2a2 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ASH, SAM 1 HOLLAND LANE MONSEY, NY 10952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBENSTEIN, RALPH 14553 DELANO DR. SUITE 207 VAN NUYS, CA 91411 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  TODD GOTLIEB		Date: Apr 14/04 416.223.9293	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	