

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90210 008 ***150.00

DOCUMENT # P96000078792

1. Entity Name
SBS INTERACTIVE, CO.



Principal Place of Business
1543 BAYVIEW AVENUE STE 409
TORONTO ON M4G
US

Mailing Address
1543 BAYVIEW AVENUE STE 409
TORONTO ON M4G
US

2. Principal Place of Business

200 Viceroy Rd.

Suite, Apt. #, etc.

Unit 5

City & State

Concord, Ontario

Zip

L4K 3N8

Country

CANADA

3. Mailing Address

200 Viceroy Rd.

Suite, Apt. #, etc.

Unit 5

City & State

Concord, Ontario

Zip

L4K 3N8

Country

CANADA



☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **65-0705830**

Applied For
Not Applicable

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

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 **Signature, typed in block letters, name of registered agent and title if applicable.**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STONE, PAUL	
STREET ADDRESS	615 MOUNT PLEASANT ROAD	
CITY-ST-ZIP	TORONTO, ONTARIO CANADA M4S- 3C5	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOTLIEB, TODD	
STREET ADDRESS	604A MOUNT PLEASANT RD.	
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA M4S 2M8	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALTER, BARRY	
STREET ADDRESS	488 MELROSE AVE.	
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA M5N 2A2	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUBENSTEIN, RALPH	
STREET ADDRESS	14553 DELANO DR., SUITE 207	
CITY-ST-ZIP	VAN NUYS, CA, 91411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17/03

Date

905-660-0646

Daytime Phone #

CR2E034 (10/02)