

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90018 043 \*\*\*150.00

**DOCUMENT # P97000070784.**

1. Entity Name

**THE 16MM FILM EQUIPMENT RENTAL SHOP, INC.**

Principal Place of Business

**922 59TH AVE  
 ST PETERSBURG BEACH FL 33706**

Mailing Address

**2 LIBERTY ST  
 SUITE 200  
 TORONTO ONTARIO M6K 1A5**

**LU064203**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**85 LAWTON BLVD**

Suite, Apt. #, etc.

**#1003**

Suite, Apt. #, etc.

City & State

City & State

**TORONTO, ONTARIO**

4. FEI Number

**59-3471751**

Applied For

Not Applicable

Zip

Country

Zip

Country

**M4V 1Z7 CANADA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILONAS, TASO M  
 1515 RINGLING BLVD  
 STE 900  
 SARASOTA FL 34236**

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.

SIGNATURE

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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 **PS**  Delete  
 NAME **PATTERSON, JOHN**  
 STREET ADDRESS **922 59TH AVE**  
 CITY-ST-ZIP **ST PETERSBURG BEACH FL 33706**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPT**  Delete  
 NAME **EDWARD, ANTHONY**  
 STREET ADDRESS **2 LIBERTY ST SUITE 200**  
 CITY-ST-ZIP **TORONTO ONTARIO M6K 1A5**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 like empowered

SIGNATURE: *R. J. [Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 31-2001  
 Date Daytime Phone #

CR2E034 (10/00)