

FILED  
May 28, 2002 8:00 am  
Secretary of State

05-28-2002 91750 026 \*\*\*150.00

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098194

1. Entity Name

MAPCOMM USA, INC.

672674

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1971 WEST LUMSDEN ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
BRANDON FL

City & State

4. FEI Number  
59-3478635

Applied For  
Not Applicable

Zip  
33511

Country  
USA

Zip  
Country

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

7. Name and Address of Current Registered Agent

Name  
EKONOMIDES, NICKOLAS

Street Address (P.O. Box Number is Not Acceptable)  
201 E KENNEDY BLVD STE 1130

City  
TAMPA FL Zip Code  
33602

DO NOT WRITE  
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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.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1 - Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
GILLINGHAM, MURDOCH  
500 KING'S ROAD, SUITE 1804  
SYDNEY NOVA SCOTIA B1S 1B1

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CHAIRMAN/CEO  
LORAN-TWEEDE  
78 BLACK ROCK LIGHT RD  
BLACK ROCK NS B1X 1C5

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DIRECTOR  
Jim Pollett  
51 MAIN ST  
BISHOPS FALLS NF A0H 1C0

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DIRECTOR  
PETER PODKRAJAC  
201 HAWTHORNE HEDGE LANE  
JACKSONVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

4/3/2002

CR2E034B (12/01)