

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90067 023 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

2000

DOCUMENT # P98000083785

1. Corporation Name

International Licensing Corporation

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

399 W. Palmetto Pk Rd

2a. Mailing Address

26 Same

3. Date Incorporated or Qualified

9/28/98

4. FEI Number

65-0877090

Applied For

Not Applicable

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

6. Election Campaign Financing

Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

206

27

City &amp; State

City &amp; State

Boca-Raton FL

28

Zip

Country

Zip

Country

33432

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name  
Randall H. Reed82 Street Address (P.O. Box Number is Not Acceptable)  
399 W. Palmetto Park Rd., #206

83

84 City  
Boca Raton

FL

85 Zip Code  
33432

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/20/2000

DATE

12.

## OFFICERS AND DIRECTORS

13.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Director ☐ DELETE  
 NAME Charles Finkelstein  
 STREET ADDRESS 4480 Cote de Liesse Bureau 306  
 CITY-ST-ZIP Montreal, Quebec, H4N 2R1

1.1 TITLE ☐ Change ☐ Addition

TITLE Director ☐ DELETE  
 NAME Terry Corcoran  
 STREET ADDRESS 4480 Cote de Liesse Bureau 306  
 CITY-ST-ZIP Montreal, Quebec HYN 2R1

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition3.2 NAME ☐ Change ☐ Addition3.3 STREET ADDRESS ☐ Change ☐ Addition3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition4.2 NAME ☐ Change ☐ Addition4.3 STREET ADDRESS ☐ Change ☐ Addition4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition5.2 NAME ☐ Change ☐ Addition5.3 STREET ADDRESS ☐ Change ☐ Addition5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition6.2 NAME ☐ Change ☐ Addition6.3 STREET ADDRESS ☐ Change ☐ Addition6.4 CITY-ST-ZIP ☐ Change ☐ Addition

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY CORCORAN 3/14/00 (S14) 738-3331

Date

Daytime Phone #

CR2E034 (1/98)