

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000106757

1. Entity Name
YAK COMMUNICATIONS INC.



FILED

05 APR 22 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04212005 Chg-P CR2E034 (10/03)

Principal Place of Business
300 CONSILUM PLACE
SUITE 500
SCARBOROUGH, ON M1H 3G2 CA

Mailing Address
C/O 2601 S BAYSHORE DR.
SUITE 1600
MIAMI, FL 33133 US

2. Principal Place of Business

3. Mailing Address
2525 Ponce De Leon Blvd
Suite, Apt. #, etc.
400

Suite, Apt. #, etc.

City & State

City & State
Coral Gables, FL 33134

Zip

Country

Zip
33134

Country
USA

4. FEI Number
98-0203422

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OLLE, DENNIS J ESQ
2601 SOUTH BAYSHORE DRIVE
SUITE 1600
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name
Dennis J. Olle, Esq.
Street Address (P.O. Box Number is Not Acceptable)
2525 Ponce De Leon Blvd
Suite 400
City
Coral Gables FL Zip Code
33134

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 *Dennis J. Olle*
Signature, typed or printed name of registered agent and title if applicable.

Dennis J. Olle, Esq. 04/21/2005
(NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. See Attached OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ZWEBNER, CHARLES	
STREET ADDRESS	300 CONSILUM PLACE, SUITE 500	
CITY-ST-ZIP	SCARBOROUGH, ON M1H 3G2	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRUNWALD, JOSEPH	
STREET ADDRESS	300 CONSILUM PLACE, SUITE 500	
CITY-ST-ZIP	SCARBOROUGH, ON M1H	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHORE, MITCHELL	
STREET ADDRESS	300 CONSILUM PLACE, SUITE 500	
CITY-ST-ZIP	SCARBOROUGH, ON M1H 3G2	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GREENWOOD, ANTHONY	
STREET ADDRESS	300 CONSILUM PLACE, SUITE 500	
CITY-ST-ZIP	SCARBOROUGH, ON M1H 3G2	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELLER, ANTHONY	
STREET ADDRESS	300 CONSILUM PLACE, SUITE 500	
CITY-ST-ZIP	SCARBOROUGH, ON M1H 3G2	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	STEVENS, GREGORY	
STREET ADDRESS	300 CONSILUM PLACE, SUITE 500	
CITY-ST-ZIP	SCARBOROUGH, ON M1H 3G2	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Breetz, R. Gregory, Jr.	
STREET ADDRESS	1201 Waterstone Blvd	
CITY-ST-ZIP	Franklin, TN 37069	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Crumbo, Kevin	
STREET ADDRESS	136 Windsor Drive	
CITY-ST-ZIP	Nashville, TN 37205	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jagota, Rajiv	
STREET ADDRESS	300 Consilium Place, Suite 500	
CITY-ST-ZIP	Scarborough, ON M1H 3G2 Canada	
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: *Margaret Noble* Margaret Noble 04/22/2005 647-722-7020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10. Officers and Directors

Title: D

Name: Garbacz, Adrian.

Street Address: 300 Consilium Place, Suite 500

City-St-Zip: Scarborough, ON M1H 3G2 Canada

Title: COO

Name: Hurwitz, David B.

Street Address: 48 Dalton Way

City-St-Zip: Holland, KY 18966

Title: CFO

Name: Noble, Margaret

Street Address: 300 Consilium Place, Suite 500

City-St-Zip: Scarborough, ON M1H 3G2 Canada