

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

0657498 IN

DOCUMENT # **V53929**

1. Entity Name  
**WORLD AFFAIRS TELEVISION PRODUCTIONS (USA) INC.**

03-13-2002 90056 038 \*\*\*150.00

Principal Place of Business <b>600 DE MAINSONNEUVE WEST          STE 3230          MONTREAL, QUEBEC CA H3-A3J2          US</b>	Mailing Address <b>600 DE MAINSONNEUVE WEST          STE 3230          MONTREAL, QUEBEC CA H3-A3J2          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Montreal, Canada</i>	3. Mailing Address <i>600 de Maisonneuve West</i>
Suite, Apt. #, etc. <i>Suite 3230</i>	Suite, Apt. #, etc.
City & State <i>Montreal</i>	City & State <i>Quebec Cont.</i>

4. FEI Number <b>65-0553779</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>H3A3J2</b>	Country <b>Canada</b>	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM          1200 SOUTH PINE ISLAND ROAD          PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SHAPIRO, LARRY J 4854 COTE DES NIEGES, SUTE 2015 MONTREAL, QUEBEC, CANADA H3V1G-7</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* Date: *March 1, 2002* Time: *1:50 PM* Phone: *617-229-XXXX*

CR2E034 (9/01)