

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90126 029 ***150.00

DOCUMENT # V53929

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



Principal Place of Business
**600 DE MAINSONNEUVE WEST
STE 3230
MONTREAL QUEBEC CA H3-A3J2
US**

Mailing Address
**600 DE MAINSONNEUVE WEST
STE 3230
MONTREAL QUEBEC CA H3-A3J2
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
4854 Cote Des Niegues

3. Mailing Address
Montreal Quebec

Suite, Apt. #, etc.
Suite 2015

Suite, Apt. #, etc.

City & State
Montreal

City & State
Quebec Can

Zip
Canada

Zip
H3V1S7

Country

4. FEI Number **65-0553779**

Applied For
Not Applicable

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Larry Shapiro**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 1, 2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAPIRO, LARRY J 4854 COTE DES NIEGES, SUTE 2015 MONTREAL, QUEBEC, CANADA H3V1G-7	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	↑	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hand 8/2003 \$14,647,297
Date Daytime Phone #

CR2E034 (10/02)