FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V66938** **(4)**

1. Corporation Name

UNIGLOBE MAIN EVENTS INC.

Principal Place of Business	Mailing Address
5280 CARROLL CANYON RD STE - 210 SAN DIEGO CA 92121 US	1199 WEST PENDER ST STE - 900 VANCOUVER BC V6E2R US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3145309	☐ 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 Fees
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BEYER, DAVID A
% RUDNICK & WOLFE
101 E KENNEDY BLVD SUITE 2000
TAMPA FL 33602-5133

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COBD	1 1 TITLE	COBD XX Change ☐ Addition
NAME	LEVY, MICHAEL	1 2 NAME	U. GaryCharlwood
STREET ADDRESS	900-1199 W. PENDER ST.	1 3 STREET ADDRESS	900-1199 West Pender St.
CITY-ST-ZIP	VANCOUVER, BC V6E2R-1	1 4 CITY-ST-ZIP	Vancouver, B.C. V6E 2R1
TITLE	PD	2 1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, THOMAS	2 2 NAME	
STREET ADDRESS	5280 CARROLL CANYON RD., #210	2 3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92121	2 4 CITY-ST-ZIP	
TITLE	ST	3 1 TITLE	☐ Change ☐ Addition
NAME	BARTRAM, TRACY	3 2 NAME	
STREET ADDRESS	5280 CARROLL CANYON RD., #210	3 3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92121	3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ APRIL 30, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(604) - 662 - 3800
Daytime Phone #

0484083 IN