

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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 V6E2R1  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | COBD                          | <input type="checkbox"/> DELETE |
| NAME           | CHARLWOOD, U. G               |                                 |
| STREET ADDRESS | 900-1199 W. PENDER ST.        |                                 |
| CITY-STATE-ZIP | VANCOUVER, BC                 |                                 |
| TITLE          | PD                            | <input type="checkbox"/> DELETE |
| NAME           | ANDERSON, THOMAS              |                                 |
| STREET ADDRESS | 5280 CARROLL CANYON RD., #210 |                                 |
| CITY-STATE-ZIP | SAN DIEGO CA 92121            |                                 |
| TITLE          | ST                            | <input type="checkbox"/> DELETE |
| NAME           | BARTRAM, TRACY                |                                 |
| STREET ADDRESS | 5280 CARROLL CANYON RD., #210 |                                 |
| CITY-STATE-ZIP | SAN DIEGO CA 92121            |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-STATE-ZIP |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-STATE-ZIP |                               |                                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY-STATE-ZIP  |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY-STATE-ZIP  |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY-STATE-ZIP |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY-STATE-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)(k), 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 or person 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRACY BARTRAM

JAN 22 1996  
1604 662-3800

CR2E034 (12/95)