## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 23, 2000 8:00 am Secretary of State DOCUMENT # **V66938** 1. Entity Name UNIGLOBE MAIN EVENTS INC. 05-23-2000 90265 023 \*\*\*150.00 Principal Place of Business Mailing Address 1199 WEST PENDER ST 5280 CARROLL CANYON RD STE - 210 STE - 900 SAN DIEGO CA 92121 VANCOUVER BC V6E2R US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3145309 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required -7.-Name and Address of New Registered Agent-6:-Name and Address of Current Registered Agent Name BEYER, DAVID A Street Address (P.O. Box Number is Not Acceptable) % RUDNICK & WOLFE 101 E KENNEDY BLVD SUITE 2000 TAMPA FL 33602-5133 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition TITI F COBD ☐ Delete TITI F CHARLWOOD, U. G. NAME STREET ADDRESS STREET ADDRESS 900-1199 W. PENDER ST. CITY-ST-ZIP CITY-ST-ZIP VANCOUVER, BC ☐ Change ☐ Addition Delete TITLE TITLE ANDERSON, THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 5280 CARROLL CANYON RD., #210 CITY-ST-ZIP CITY-ST\_ZIP SAN DIEGO CA 92121 --- ---☐ Addition ☐ Change Delete TITLE BARTRAM, TRACY NAME STREET ADDRESS STREET ADDRESS 5280 CARROLL CANYON RD., #210 CITY-ST-7IP CITY-ST-ZIP SAN DIEGO CA 92121 Addition TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

changed, or on an attachment with an address, with all other like empowered.

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