2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2001 8:00 am Secretary of State **DOCUMENT # V66938** 1. Entity Name UNIGLOBE MAIN EVENTS INC. 02-05-2001 90110 031 ***150.00 Principal Place of Business Mailing Address 1199 WEST PENDER ST 5280 CARROLL CANYON RD STE - 900 STE - 210 AUU19770 VANCOUVER BC V6E2R SAN DIEGO CA 92121 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3145309 Not Applicable Zip Country \$8.75 Additional Zip Country Certificate of Status Desired. 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 FL 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) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 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. COBD ☐ Addition Change TITLE ☐ Delete TITLE CHARLWOOD, U. G. NAME NAME 900-1199 W. PENDER ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VANCOUVER, BC Change Change ☐ Addition ☐ Delete TITI F ANDERSON, THOMAS NAME NAME 5280 CARROLL CANYON RD., #210 STREET ADDRESS STREET ADDRESS SAN DIEGO CA 92121 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE BARTRAM, TRACY NAME NAME 5280 CARROLL CANYON RD., #210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAN DIEGO CA 92121 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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. JAN 19, 2001 (604) 712-2600 SIGNATURE AND TYPED OR PRINTED NAME OF SI