


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # V66938 1. Entity Name UNIGLOBE MAIN EVENTS INC.	
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Principal Place of Business 5280 CARROLL CANYON RD STE - 210 SAN DIEGO, CA 92121 US	Mailing Address 1199 WEST PENDER ST STE - 900 VANCOUVER, BC V6E2R CA
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3145309	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BEYER, DAVID A % RUDNICK & WOLFE 101 E KENNEDY BLVD SUITE 2000 TAMPA, FL 33602-5133

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COBD CHARLWOOD, U. G 900-1199 W. PENDER ST. VANCOUVER, BC,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ANDERSON, THOMAS 5280 CARROLL CANYON RD., #210 SAN DIEGO, CA 92121
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BARTRAM, TRACY 5280 CARROLL CANYON RD., #210 SAN DIEGO, CA 92121
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000117297
04/19/04-80014-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Tracy Bartram 04/19/04 604 715-2620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #