

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90126 029 \*\*\*150.00

**DOCUMENT # V53929**

1. Entity Name  
**WORLD AFFAIRS TELEVISION PRODUCTIONS (USA) INC.**



Principal Place of Business  
**600 DE MAINSONNEUVE WEST  
STE 3230  
MONTREAL QUEBEC CA H3-A3J2  
US**

Mailing Address  
**600 DE MAINSONNEUVE WEST  
STE 3230  
MONTREAL QUEBEC CA H3-A3J2  
US**



2. Principal Place of Business  
**4854 Cote Des Neiges**

3. Mailing Address  
**Montreal Quebec**

Suite, Apt. #, etc.  
**Suite 2015**

Suite, Apt. #, etc.

City & State  
**Montreal**

City & State  
**Quebec**

Zip

Country  
**Canada**

Zip

Country  
**H3V1S7**

4. FEI Number **65-0553779**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Larry Shapiro**  
Signature, typed or printed name of registered agent and title if applicable.

**March 1, 2003**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	SHAPIRO, LARRY J		
STREET ADDRESS	4854 COTE DES NIEGES, SUITE 2015		
CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA H3V1G-7		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **LARRY SHAPIRO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 8, 2003** **514.647.2976**  
Date Daytime Phone #

CR2E034 (10/02)