

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001350**

1. Entity Name

**WORLDWIDE COMMUNICATIONS AND MEDIA ASSOCIATES LT**

FILED

00 APR -6 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1355 WEST PALMETTO PARK ROAD  
SUITE 258  
BOCA RATON FL 33486-3303

Mailing Address  
1355 WEST PALMETTO PARK ROAD  
SUITE 258  
BOCA RATON FL 33486-3303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0790133**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEEN, BRIAN**  
1355 PALMETTO PARK ROAD, SUITE 258  
BOCA RATON FL 33486

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.

SIGNATURE

*Brian Sheen*  
Signature, typed or printed name of registered agent and client if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on Record. **\$10,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **5,000**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME **SHEEN, BRIAN**  
STREET ADDRESS **1355 WEST PALMETTO PARK ROAD, SUITE 258**  
CITY - ST - ZIP **BOCA RATON FL 33486-3303**

STREET ADDRESS

CITY - ST - ZIP

**900003223029-5**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Brian Sheen*  
**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #