

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F93000000802 (9)
 1. Corporation Name
WORLD WIDE COMMUNICATIONS SERVICES, INC.



Principal Place of Business 3900 PARADISE ROAD, SUITE 222 LAS VEGAS NV 89109	Mailing Address 3900 PARADISE ROAD, SUITE 222 LAS VEGAS NV 89109
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/17/1993

2. Principal Place of Business 21 1700 BROADWAY Suite, Apt. #, etc. 22 NEW YORK, New York City & State 23 Zip 10019 Country USA	2a. Mailing Address 26 1700 BROADWAY Suite, Apt. #, etc. 27 SUITE 1403 City & State 28 New York, N.Y. Zip 10019 Country USA
---	--

4. FEI Number 88-0269333	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**NRAI SERVICES, INC.
 528 E. PARK AVENUE
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WEISMAN, PHILIP J.	
STREET ADDRESS	3900 PARADISE ROAD, STE 222	
CITY-ST-ZIP	LAS VEGAS NV 89109	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	KANE, ROBERT	
STREET ADDRESS	3900 PARADISE ROAD, STE 222	
CITY-ST-ZIP	LAS VEGAS NV 89109	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MEYER, WANDA F	
STREET ADDRESS	3900 PARADISE ROAD, STE 222	
CITY-ST-ZIP	LAS VEGAS NV 89109	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT J. KANE	
1.3 STREET ADDRESS	1700 BROADWAY	
1.4 CITY-ST-ZIP	SUITE 1403, NEW YORK, N.Y. 10019	
2.1 TITLE	V.P. SEC + TREAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DAVID BROSER	
2.3 STREET ADDRESS	1700 BROADWAY	
2.4 CITY-ST-ZIP	SUITE 1403, NEW YORK, N.Y. 10019	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 annual report or supplemental annual 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 trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on the title page with an address.

SIGNATURE: _____ DATE: **2/5/98** (212) 621-4703

CR2E034 (10/97)