FOR PROFIT CORPORATION

	NIFORM BUSINE	Apr 10, 2003 0:00 am			
DOCU 1. Entity Nan	MENT # H365%	theworld	Jne	Secretary 04-18-2003 90175	
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	DO NOT WRITE	IN THIS SI	ACE		
2. Principal F	Place of Business	3. Mailing Address 5 415 Leka	troclied		
Suite, Apt. #, etc. Si		Suite, Apt. #, etc.	26	DO NOT WRITE IN THIS SPACE	
City & Stat	land FL	City & State Winter Pa	IK FL	4. FEI Number 59. 2472897	Applied For Not Applicable
321	Country	Zip 3 2792	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				7. Name and Address of Current Register	red Agent
N DO NOTA DE				Marchona	
er Ografia Ografia en de Santa en Santa	DO_NOT W		Street Address	s (P.O. Bax Number.is. Not Acceptable)	val
	IN THIS SP	ACE	Maria de Caracteria. Para de caracteria		
			City O (anda F	L 32807
		the purpose of changing its i		lered agent, or both, in the State of Florida. I an	
the obligat	tions of registered agent.				
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE	: Registered Agent signature requi	red when reinslating) DATE	
* 11 2	nuary 1 - May 1 Fee Is \$150.00 After May 1, Fee Is \$550.00 Amended UBR Is \$61.25 Payable to Florida Department of			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND (
TITLE NAME	Elaine News		TITLE NAME	· · · · · · · · · · · · · · · · · · ·	The state of the s
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CITY-ST-ZIP	Maitland FL	32751 VY	CITY-ST-ZIP	。 1447年 - 阿拉克斯 《福西节》至1855年 (1155年) - 南江东北 (1454年) - 1857年 (1155年)	
TITLE NAME	Debbie Hoyle	VY	TITLE	Commence of the commence of th	
STREET ADDRESS	2000 Flaming	۱	NAME	AND THE STATE OF T	
CITY-ST-ZIP		Amons Ct	STREET ADDRESS		
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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 on an attachment with an address, with all other like empowered.