## **2002 UNIFORM BUSINESS REPORT (UBR)**

CITY-ST-7IP

SIGNATURE

## May 15, 2002 8:00 am Secretary of State F01000000455 DOCUMENT # 1. Entity Name 05-15-2002 90119 048 \*\*\*158.75 WORLD TOUCH INTERACTIVE, INC. Principal Pláce of Business Mailing Address 193 SHADY LANE PO BOX 2192 STATELINE NV 89449 STATELINE NV 89449 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 88-0480218 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BELL, JOHN Street Address (P.O. Box Number is Not Acceptable) 2149 MCGREGOR BLVD., STE 2 FT MYERS FL 33901 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. President, Director TITLE **PSTD** Delete TITLE ☐ Addition SIMON, TODD H NAME NAME PO 130x 2192/193 Shady Lane STREET ADDRESS PO BOX 2192 STREET ADDRESS STATELINE NV CITY-ST-7IP CITY-ST-ZIP stateline, てて Vice President ☐ Delete TITLE □ Change John Bell NAME NAME 2149 McGregor Blvd, Ste Z STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ft Myers, FL 33901 Treasurer ☐ Delete TITLE Change ★ Addition Jim Bell NAME NAME 2749 McGregor Blvd, Ste 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ft Muers TITLE ☐ Delete TITLE Change **▼** Addition NAME NAME Patti Simon Po Box 2192/193 Shady Lane STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete \_\_\_ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if

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