

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000000455

FILED  
Jan 06, 2003  
Secretary of State

**Entity Name:** WORLD TOUCH INTERACTIVE, INC.

## Current Principal Place of Business:

193 SHADY LANE  
STATELINE, NV 89449

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 2192  
STATELINE, NV 89449

## New Mailing Address:

**FEI Number:** 88-0480218

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

BELL, JOHN  
2149 MCGREGOR BLVD., STE 2  
FT MYERS, FL 33901 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( )**

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SIMON, TODD H  
Address: PO BOX 2192/ 193 SHADY LANE  
City-St-Zip: STATELINE, NV 89449

Title: VP ( ) Delete  
Name: BELL, JOHN  
Address: 2149 MCGREGOR BLVD, STE 2  
City-St-Zip: FORT MYERS, FL 33901

Title: T ( ) Delete  
Name: BELL, JIM  
Address: 2149 MCGREGOR BLVD, STE 2  
City-St-Zip: FORT MYERS, FL 33901

Title: S ( ) Delete  
Name: SIMON, PATTI  
Address: PO BOX 2192/193 SHADY LANE  
City-St-Zip: STATELINE, NV 89449

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD H SIMON

PD

01/06/2003

Electronic Signature of Signing Officer or Director

Date