

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90015 042 ***150.00

DOCUMENT # F01000001184

1. Entity Name

WORLD COM BROADBAND SOLUTIONS, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 CLINTON CENTER DR

3. Mailing Address

1133 19TH STREET NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DEPT 8408

DO NOT WRITE IN THIS SPACE

City & State
CLINTON MS

City & State
WASHINGTON DC

4. FEI Number
52-2247849

Applied For
Not Applicable

Zip
39056

Country
US

Zip
20036

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
526 EAST PARK AVENUE

City
TALLAHASSEE

FL

Zip Code
32301

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
BERNARD EBBERS
500 CLINTON CENTER DRIVE
CLINTON MS 39056

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VGTG
WALTER NAGEL
1133 19TH STREET
WASHINGTON DC 20036

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
SCOTT SULLIVAN
500 CLINTON CENTER DRIVE
CLINTON MS 39056

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

WALTER NAGEL - VPGTC 04/30/02 202-736-6362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #