

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90030 038 ***163.75

DOCUMENT # F01000003418					
1. Entity Name WORLD CASH NET, INC.					
Principal Place of Business 11001 BROAD STREET, S.W., SUITE A PATASKALA, OH 43062			Mailing Address 11001 BROAD STREET, S.W., SUITE A PATASKALA, OH 43062		
2. Principal Place of Business <i>2658 East Broad Street</i>		3. Mailing Address <i>2658 East Broad Street</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04142004 Chg-P CR2E034 (10/03)	
City & State <i>Columbus, OH</i>		City & State <i>Columbus, OH</i>		4. FEI Number 31-1662589	
Zip <i>43209</i> Country <i>U.S.A</i>		Zip <i>43209</i> Country <i>USA</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE ACCESS, INC. 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BITTON, JUDAH 2658 EAST BROAD STREET COLUMBUS, OH 53209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BITTON, MICHA 515 VIA DEL ORO, #207 ALTAMONTE SPRINGS, FL 32714		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Micha Bitton 524 Via Verona Lane Unit #201 Altamonte Springs, FL 32714	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOPPES, JEFFREY A 2086 EAST BROAD STREET COLUMBUS, OH 43209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Judah Bitton / President</i>			4/12/2004 614-231-8075		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		