FILED Mar 10, 2003 8:00 am Secretary of State

R PROFIT (BUSINESS	

1. Entity Na		# FOTO	10000	5802					03-10-200	-			
Principal Place of Business 9478 W. OLYMPIC BLVD BEVERLY HILLS CA 90212			9478 W	Mailing Address 9478 W. OLYMPIC BLVD BEVERLY HILLS CA 90212									
Principal Place of Business 3. Mailing Address			.	<u> </u>									
Suite, Apt. #, etc. Suite, Apt. #, etc.						☐ CHECK HER	E IF MAKIN	IG CHANGE	s				
City & Sta	ate		City &	State				4	1. FEI Number 95 - 48732 [5	 3	<u> </u>	Applied For Not Applicable	,
Zip		Country	Zip		Cour	ntry		1	. Certificate of Status Desired		\$8.75 A		1
		and Address of Curre	nt Registered	Agent				7	. Name and Address of New		•		1
WORLD	MIDE MENE	IDEA				Name							
ì	<i>w</i> ide ventu Ange blos					Street A	ddres	(P.O	. Box Number is Not Acceptab	le)			
ORLANDO	O FL 32804					City	<u></u>				Zip Co		-
8. The above the obliga	itions of regist	y submits this statement ered agent. or printed name of registered ag				ed office or			agent, or both, in the State of F	lorida. I am	┕╵		
Afte Make Chec	FILE NOW!! or May 1, 200	FEE IS \$150.00 3 Fee will be \$550.0 Florida Department	+ 8.75 0 of State			o rigorit bigrible			Election Campaign F Trust Fund Contributi	inancing		00 May Be ed to Fees	
10.	T _n	OFFICERS AN	ID DIRECTORS	· · · · · · · · · · · · · · · · · ·	11,		Ī		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 11]_
NAME STREET AODRESS CITY-ST-ZIP	P DEEDS, ST 9478 W. O BEVERLY	LYMPIC BLVD		☐ Delete							Change	Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		ET ADDRESS	5ji 947	8 V	EXECUTIVE OFF HO A. PIGENON N. OLYHPIC BLY	Α- 0	☐ Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	فسندوا	المرافق المرافق المرافقة المرا		☐ Delete	TITLE NAME STREE		CH 1 PA 94	EF 78	FINANCIALOFFICE BIBERKRAM W.OLYMPIC BLU LY HILLS CA 90:	ier D	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete						•	☐ Change	☐ Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY-	T ADDRESS ST-ZIP	_				☐ Change	Addition	
12. I hereby o	ertify that the	information supplied wi	th this filing do	es not qualify for t	he exen	nption state	ed in S	ection	119.07(3)(i), Florida Statutes.	I further cer	rtify that the i	nformation	ı

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:

310 -203 -9855