

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000004242

1. Entity Name
CYBER NEW WORLD BUSINESS, INC.



Principal Place of Business

425 E. COLORADO BLVD.
SUITE 600
GLENDALE, CA 91205

Mailing Address

21031 VENTURA BLVD.
SUITE 1160
WOODLAND HILLS, CA 91364



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2170672

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000558690
03/15/07-80048-005 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DINGUERIAN, DAVID S
STREET ADDRESS 425 E. COLORADO BLVD., #600
CITY-ST-ZIP GLENDALE, CA 91205

TITLE SD
NAME KLUEGER, ROBERT F
STREET ADDRESS 21031 VENTURA BLVD., #1160
CITY-ST-ZIP WOODLAND HILLS, CA 91364

TITLE CFOD
NAME BUTLER, GAYLE M
STREET ADDRESS 425 E. COLORADO BLVD., #600
CITY-ST-ZIP GLENDALE, CA 91205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #