

F05000005091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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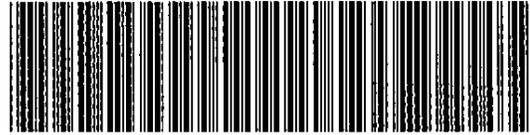
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*DR*  
*12/15/10*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRANSWORLD INTERNET SERVICES, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F05000005091

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOURDES VINAS  
Name of Contact Person

TRANSWORLD INTERNET SERVICES, INC.  
Firm/Company

255 PINE AVE N  
Address

OLDSMAR, FL 34677  
City/State and Zip Code

compliance@epowerc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOURDES VINAS at ( 813 ) 891-4700  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

