

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000000802 (9)
1. Corporation Name
WORLD WIDE COMMUNICATIONS SERVICES, INC.



Principal Place of Business 3900 PARADISE ROAD, SUITE 222 LAS VEGAS NV 89109	Mailing Address 3900 PARADISE ROAD, SUITE 222 LAS VEGAS NV 89109
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1700 BROADWAY Suite, Apt. #, etc. 22 NEW YORK, NEW YORK City & State 23 Zip 10019 Country USA		2a. Mailing Address 26 1700 BROADWAY Suite, Apt. #, etc. 27 SUITE 1403 City & State 28 NEW YORK, N.Y. Zip 10019 Country USA		3. Date Incorporated or Qualified 03/17/1993	
		4. FEI Number 88-0269333		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent NRAI SERVICES, INC. 528 E. PARK AVENUE TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent must be filed if applicable

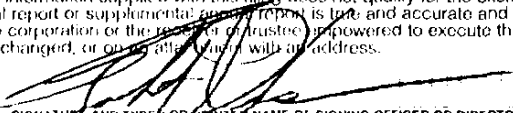
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PD			1.1 TITLE	PRESIDENT		
NAME	WEISMAN, PHILIP J.			1.2 NAME	ROBERT J. KANE		
STREET ADDRESS	3900 PARADISE ROAD, STE 222			1.3 STREET ADDRESS	1700 BROADWAY		
CITY - ST - ZIP	LAS VEGAS NV 89109			1.4 CITY - ST - ZIP	SUITE 1403, NEW YORK, N.Y. 10019		
TITLE	VSTD			2.1 TITLE	V.P. SEC + TREAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KANE, ROBERT			2.2 NAME	DAVID BROSE		
STREET ADDRESS	3900 PARADISE ROAD, STE 222			2.3 STREET ADDRESS	1700 BROADWAY		
CITY - ST - ZIP	LAS VEGAS NV 89109			2.4 CITY - ST - ZIP	SUITE 1403, NEW YORK, N.Y. 10019		
TITLE	AS			3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEYER, WANDA F			3.2 NAME			
STREET ADDRESS	3900 PARADISE ROAD, STE 222			3.3 STREET ADDRESS			
CITY - ST - ZIP	LAS VEGAS NV 89109			3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. 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 annual report or supplemental annual 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 manager or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on the filing with an address.

SIGNATURE:



3/5/98 (212) 621-4703

CR2E034 (10/97)