2001 UNIFORM BUSINESS REPORT (UBR) Apr 19, 2001 8:00 am Secretary of State **DØCUMENT** # F96000006804 1. Entity Name World Wide Funding Corporation 04-19-2001 90060 008 ***150.00 Principal Place of Business Mailing Address 9089 Clairemont Mesa Blvd.9089 Clairemont Mesa Blvc Suite 200 Suite 200 C0049093 San Diego, CA 92123 San Diego, CA 92123 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 33-0477497 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Plantation, FL 33324 Zip Code FL 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE □ Change TITLE ☐ Delete NAME NAME Blazyk, Walter W. STREET ADDRESS STREET ADDRESS 5895 Cuidad Leon Court CITY-ST-7IP City-St-78 <u>San Diego, CA</u> ☐ Delete TITLE TITLE Change ☐ Addition C/P/D NAME Pantell, Nicholas STREET ADDRESS STREET ADDRESS 13977 Pequot Dr. CITY-ST-ZIP CITY-ST-ZIP Poway, CA ☐ Defete Change ☐ Addition S/T/D NAME NAME Kabellis, James STREET ADDRESS STREET ADDRESS 2908 Summit Dr. CITY-ST-ZIP CITY-ST-ZIP Escondido, CA TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

Ja

MIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Kabellis 04/05/

04/05/2001

(858)569-584

Change

☐ Addition