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2002 UNIFORM BUSINESS REPORT (UBR)

Feb 18, 2002 8:00 am DOCUMENT # F96000006804 **Secretary of State** 1. Entity Name WORLD WIDE FUNDING CORPORATION 02-18-2002 90002 045 ***150.00 Principal Place of Business Mailing Address 9089 CLAIREMONT MESA BLVD 9089 CLAIREMONT MESA BLVD STE 200 STE 200 SAN DIEGO CA 92123 SAN DIEGO CA 92123 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 33-0477497 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 ature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition TITLE ☐ Delete TITLE Change NAME NAME BLAZYK, WALTER W STREET ADDRESS STREET ADDRESS 5895 CUIDAD LEON COURT CITY-ST-ZIP CITY-ST-ZIF SAN DIEGO CA TITLE TITLE ☐ Change Addition CPD Delete NAME NAME PANTELL, NICHOLAS STREET ADDRESS STREET ADDRESS 13977 PEQUOT DR. CITY-ST-ZIP CITY-ST-ZIP **POWAY CA** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME KABELLIS, JAMES STREET ADORESS 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 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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