

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90095 036 \*\*\*150.00

DOCUMENT # F97000005891

1. Corporation Name

WORLD COM MANAGEMENT COMPANY, INC.

Principal Place of Business

515 EAST AMITE STREET  
P.O. BOX 23397  
JACKSON MS 39201-2702  
US

Mailing Address

~~515 E. AMITE ST.~~  
~~JACKSON MS 39201-2702~~  
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1997

4. FEI Number

65-0887473

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVE.  
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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE CP  
NAME EBBERS, BERNARD J  
STREET ADDRESS 515 E. AMITE ST.  
CITY-ST-ZIP JACKSON MS 39225-3397

TITLE CST  
NAME SULLIVAN, SCOTT D  
STREET ADDRESS 515 E. AMITE ST.  
CITY-ST-ZIP JACKSON MS 39225-3397

TITLE ~~DAG~~  
NAME ~~CANNADA, CHARLES T~~  
STREET ADDRESS 515 E. AMITE ST.  
CITY-ST-ZIP JACKSON MS 39225-3397

TITLE AS  
NAME ANDERSON, WILLIAM E  
STREET ADDRESS 515 E. AMITE ST.  
CITY-ST-ZIP JACKSON MS 39225-3397

TITLE VPC  
NAME MYERS, DAVID F.  
STREET ADDRESS 515 EAST AMITE STREET  
CITY-ST-ZIP JACKSON MS 32901

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

ADD D

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

D  
SCOTT SULLIVAN

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

V.P. & Gen. Tax Counsel  
WALTER NAGEL

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

1133 19th Street, N.W. Wash. D.C. 20036

Change Addition

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 receiver 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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter Nagel

4/29/99

Date

202-736-6002

Daytime Phone #

CR2E034 (11/98)

0547661