F98000001130

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Special Instructions to Filing Officer:						
OCMA GAVE AUTHORIZATION BY PHONE TO CORRECT ACLA CM: TO NOME DATE FILIDS DOC. EXAM						

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ZIA Oros MM 9/9/03



ACCOUNT NO. : 072100000032

REFERENCE

215804

7306731

AUTHORIZATION

COST LIMIT

ORDER DATE: September 9, 2003

ORDER TIME : 10:40 AM

ORDER NO. : 215804-100

CUSTOMER NO: 7306731

CUSTOMER: Ms. Pat Johnson

Nbty Inc.

90 Orville Drive

Bohemia, NY 11716-2510

CHANGE OF AGENT

NAME:

WORLDWIDE SPORT NUTRITUIONAL

SUPPLEMENTS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Norma Parramore

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	he provisions of secti					ztutes,
	of change is submitted	~	-			. Stata
New York of Florida.	in order to c	nange us registe	rea office or re	gisterea agem, c	n voin, in inc	: siate
	of the corporation: WOR	LDWIDE SPORT N	UTRITIONAL SUP	PLEMENTS , IN	x.	_ <u></u> _
	al office address: 6111				* =	
Boca Rato	n, FL 33487		· <u>·</u>	<u> </u>		·
3. The mailing	g address (if different)	:		_ * * * * * * * * * * * * * * * * * * *	<u></u>	<u></u>
		<u> </u>	<u> </u>	<u> </u>	, <u> </u>	
4. Date of inco	orporation/qualification	n: <u>02/27/1998</u>	Docu	ıment number: <u>F</u>	98000001130	
5. The name a	nd street address of th	e current registe	red agent and re	gistered office o	n file with the	,
Florida Dep	partment of State:					O3 SEP
	Richard Werber				—— 3 3	1
	6111 Broken Sound	Pkwy. N.W.				ڡ
	Boca Raton, FL 33	487	<u> </u>			- 무로
6. The name	and street address of	the new registe	red agent (if ch	anged) and /or	registered and	-
changed):			<i>-</i> ⋅		P	.,
	Corporation Servi	ce Company				•
	1201 Hays Street	O. Box or personal ma	ilbox NOT acceptable)			-
	Tallahassee, FL 3	2301				
The street add	lress of its registered iged will be identical.	office and the st	reet address of t	he business offi	ce of its regis	tered
Such change authorized by	was authorized by res	olution duly add oration has bee	pted by its boar n notified in wr	d of directors or iting of the chan	r by an officer ige.	r so
(Signature of an offi	cer, chairman or vice chairman	of the board)	Maureen Culle (Printe	n, Attorney in dortyped name and till	e)	- ·
l further agre performance (revistered age	pt the appointment as e to comply with the p of my duties, and I an ent. Or, if this docum s, I hereby confirm the	provisions of all I familiar with a ent is being file	statutes relative and accept the o d merely to refle	e to the proper of bligation of my ect a change in t	ina complete position as the registered	
oncemmess	eline M. R	ulex	August 5, 200		3_ 	_
If signing on bel	(Signature of Registered Agent nalf of an entity:	,		(Date)		
Jacqueline M			Asst. Vice Pr	esident (Capacity)		_ '.
	(1) ben or runnen mannel			(

* * * FILING FEE: \$35.00 * * *