FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Sep 13, 2001 8:00 am Secretary of State **DOCUMENT # K62631** 1. Entity Name 07-05-2001 90007 034 ***150.00 GLOBAL WORLD CORPORATION 09-13-2001 90016 040 ***400.00 Principal Place of Business Mailing Address 216 SUMMERWOOD TRAIL 216 SUMMERWOOD TRAIL MAITLAND FL 32751 MAITLAND FL 32751 LIS 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 59-2930543 Not Applicable Zip Country Zip 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-STELLING, JAMES HENRY III Street Address (P.O. Box Number is Not Acceptable) 216 SUMMERWOOD TRAIL MAITLAND FL 32751 City Zip Code 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 (NOTE: Registered Agent signature regulred when reinstating) 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. Added to Fee: Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE **PDST** ☐ Defete TITLE ☐ Addition ☐ Change STELLING, JAMES H III NAME NAME STREET ADDRESS 216 SUMMERWOOD TRAIL STREET ADDRESS CITY-ST-ZIP MAITLAND FL CITY-ST-ZIP DV ☐ Delete TITLE TATLE ☐ Change ☐ Addition STELLING, SCOTT ALAN NAME NAME STREET ADDRESS 216 SUMMERWOOD TRAIL STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP MAITLAND FL DV TITLE ☐ Delete TITLE ☐ Change ☐ Addition STELLING, SUSAN A NAME NAME STREET ADDRESS STREET ADDRESS 235 W. ORLANDO STREET CITY-ST-ZIP ORLANDO FL 32804 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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: