2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000003683

1. Entity Name

CITY-ST-ZIP

ALL THE WORLD, LLC

Principal Place of Business Mailing Address 411 CLEVELAND STREET. PMB #220 411 CLEVELAND STREET. PMB #220 814130 CLEARWATER FL 33755 CLEARWATER FL 33755 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. WRITE IN THIS SPACE 900 Bablo City & State City & State -Applied For Not Applicable Zip Zip Country Country \$5.00 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 SHERMAN, LAURA Street Address (P.O. Box Number is Not Acceptable) 411 CLEVELAND STREET, PMB #220 **CLEARWATER FL 33755** 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. I am familiar with, and accept the obligations of registered agent. 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 \$50.00 Make Check Payable to Department of State Due By September 25, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES PTNR ☐ Defete TITLE Change Addition CR2E083 (4/02) NAME WILDMAN, MANDY NAME STREET ADDRESS STREET ADDRESS 603 ENGMAN ST. CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33755 TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE 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-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

Aug 18, 2002 8:00 am Secretary of State

08-18-2002 90126 009 ****55.00