

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 24, 2003 8:00 am
Secretary of State

07-24-2003 90064 014 ****50.00

DOCUMENT # L01000012719

1. Entity Name
World Entertainment Partners, LLC



DO NOT WRITE IN THIS SPACE

90145987

2. Principal Place of Business
100 SW 3rd Avenue
Suite, Apt. #, etc.

3. Mailing Address
775 NE 6th Avenue
Suite, Apt. #, etc.
Suite 109-110

DO NOT WRITE IN THIS SPACE

City & State
Fort Lauderdale FL
Zip
33312
Country
US

City & State
Delray Bch., FL.
Zip
33483
Country
US

4. FEI Number
651126050

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name
Daniel Rose
Street Address (P.O. Box Number is Not Acceptable)
201 NE 7th Ave.
City
Delray Bch. FL Zip Code
33444

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

B. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Managing Member Darren Cleveland 775 NE 6th Ave, Suite 110 Delray Bch., FL, 33483</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Managing Member Jeff & John 881 Berkeley St. Boca Raton, FL. 33484</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Managing Member Sean Oppen 100 SW 3rd Ave. Fort Lauderdale, FL, 33312</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: [Signature] Darren Cleveland 7/10/03 561-213-9527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)