FROM : PHONE NO. :

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90443 049 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014718 ✓

1. Entity Name

WORLD wide MobileCom, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 5975 N. Federal Highway
Suite, Apt. #, etc.: Suite 116
City & State: Fort Lauderdale
Zip: FL Country: 33308

3. Mailing Address: 5975 N. Federal Highway
Suite, Apt. #, etc.: Suite 116
City & State: Fort Lauderdale
Zip: FL Country: 33308

DO NOT WRITE IN THIS SPACE

4. FEI Number: 06-1623126 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Edwin Altamirano

Street Address (P.O. Box Number is Not Acceptable): 5975 N. Federal Highway Suite 116

City: FT Lauderdale FL Zip Code: 33308

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: Edwin Altamirano [signature] 4/15/02

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1st May 1st Fee is $150.00
After May 1st Fee is $550.00
Amended UBR - $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Edwin ALTAMIRANO, member 5975 N. Federal Highway Suite 116 FT Lauderdale FL 33308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

13. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Edwin Altamirano [signature] 4/15/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #