

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90100 033 \*\*\*\*50.00

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01032005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L02000000084</b> 1. Entity Name <b>WORLDWIDE MULTI-MEDIA, L.L.C.</b>					
Principal Place of Business <b>4504 S. HALE AVE TAMPA, FL 33611</b>			Mailing Address <b>4504 S. HALE AVE TAMPA, FL 33611</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MATHERSON, KEVIN</b> <b>4504 S. HALE AVE</b> <b>TAMPA, FL 33611</b>			Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> <hr/> City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR		TITLE		
NAME	MATHERSON, KEVIN		NAME		
STREET ADDRESS	4504 S. HALE AVE		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33611		CITY - ST - ZIP		
TITLE	VP		TITLE		
NAME	DENNIS CURTIN		NAME		
STREET ADDRESS	4504 S. HALE AVE		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33611		CITY - ST - ZIP		
TITLE	SECRETARY		TITLE		
NAME	VINCENT CASHMAN		NAME		
STREET ADDRESS	4504 S. HALE AVE.		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33611		CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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.					
<b>SIGNATURE:</b>			<b>KEVIN S. MATHERSON MGR</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small> <b>1/18/05</b>		
			<small>Daytime Phone #</small> <b>813 376-5151</b>		