## 2001 UNIFORM BUSINESS REPORT (UBR)

WORLD PUBLICATIONS, LLC  DI MAY - 2 PM 1: 42  SECRETARY OF STATE TALL AHASSEE, FLORIDA  460 NORTH ORLANDO A/ENUE SUITE 200 WINTER PARK FL 32789  WINTER PARK FL 32789  2. Principal Pace of Business Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State Ci	WORLD PUBLICA		00000103				FILE	U			
SECRETARY OF STATE TALLAHASSES. FLORIDA  460 NORTH ORLANDO AVENUE, SUITE 200 WINTER PARK FL 32789  460 NORTH ORLANDO AVENUE, SUITE 200 WINTER PARK FL 32789  2. Principal Place of Business Suite, Apt. 4, etc.  City & State  City & State Country  Street Address of Now Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  The State of Florida  Signature, typed to pisted name all auguses agent and title inscisions  City State  City & Stat	Principal Place of Busines	1. Entity Name WORLD PUBLICATIONS, LLC					01 MAY -2 PM 1:42				
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SNOW, TERRY 460 NORTH ORLANDO AVENUE, SUITE 200 WINTER PARK FL 32789  City FL 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 Signature, Synad or protect name of registered agent and title if applicable.  INCIT: Registered Agent algoritum required when reinstating)  PARE FILE NIT. WITH FEE IS \$50.00 Make Check Pa abide to Department of State  MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES  MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES  MANAGING MEMBERS/MEMBERS 11. ADDITIONS/CHANGES  MITTLE MANE STREET ADDRESS CITY-ST-ZIP  MITTLE MANE MARE MANE STREET ADDRESS CITY-ST-ZIP  Detele MARE MARE STREET ADDRESS CITY-ST-ZIP  TITLE MANE STREET ADDRESS CITY-ST-ZIP  TITLE MARE MARE STREET ADDRESS CITY-ST-ZIP  TITLE MARE STREET	City & State		City & State			4. FEI Number 59-3670971 Applied For Not Applicable					
SNOW, TERRY 460 NORTH ORLANDO AVENUE, SUITE 200 WINTER PARK FL 32789  City  FL  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, typed or printed name of registered agent and title if applicable  FILE NI  WILL FEE IS \$50.00  Make Check Pa  ADDITIONS/CHANGES  INTEE ALORESS  CITY-ST-ZIP  INTEE  MAME  SIRRET ALORESS  CITY-ST-ZIP  TITLE  Change  Addition  Add	Zip	Country	Zip	Country		5. Certif	ficate of Status Desire				
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City   FL   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   Signature, typed or printed name of registered agent and title if applicable.   (NOT)   Registered Agent styrature required when reintasting)   DATE    FILE NI WILL FEE IS \$50.00   Make Check Pa is ble to Department of State    9. MANAGING MEMBERS   10. ADDITIONS/CHANGES    TITLE   NAME   STREET ADDRESS    STREET ADDRESS   CITY-ST-ZIP   WITHER   Change   Addition    TITLE   NAME   STREET ADDRESS    STREET ADDRESS   CITY-ST-ZIP   ***********************************	6. Namo	and Address of Current	Registered Agent			7. Name	and Address of Ne	w Registered A	gent	= = ===	
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