2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # M01000002504 04-29-2004 90082 003 ****50.00 WORLD PUBLICATIONS III, LLC Principal Place of Business. Mailing Address 460 NORTH ORLANDO AVE. 460 NORTH ORLANDO AVE. SUITE 200 SUITE 200 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt, #, etc. MOORE CR2E083 (11/03) 4. FEI Number City & State City & State Applied For 59-3670971 Not Applicable 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 NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE. TALLAHASSEE FL 32301 City Zip Code FL 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, 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 Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME SNOW, TERRY NAME STREET ADDRESS STREET ADDRESS 1486 ALABAMA CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Change TETLE TITLE ☐, Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition Delete 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-ZIP CITY-ST-ZIP ☐ Delete Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AL

Terry Snow 2.5.04 407.638.4802

FILED