



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

|   |  |                                       |   |  |  |
|---|--|---------------------------------------|---|--|--|
| <b>DOCUMENT # M01000002507</b><br>1. Entity Name<br><b>WORLD PUBLICATIONS, LLC</b>  |  |                                       |   |   |  |
| Principal Place of Business<br><b>460 NORTH ORLANDO AVE.<br/>SUITE 200<br/>WINTER PARK FL 32789</b>   |  |                                       | Mailing Address<br><b>460 NORTH ORLANDO AVE.<br/>SUITE 200<br/>WINTER PARK FL 32789</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |                                       | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |  |
| City & State  |  |                                       | City & State  |  |  |
| Zip   |  | Country                               |   | 4. FEI Number <b>59-3754954</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$5.00</b> Additional Fee Required |   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>NRAI SERVICES, INC.<br/>526 E. PARK AVE.<br/>TALLAHASSEE FL 32301</b>   |  |                                       |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.   |  |                                       |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |                                       |   |  |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2005</b>  |  |                                       |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |                                       |   | 10. ADDITIONS/CHANGES  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>SNOW, TERRY<br>1486 ALABAMA<br>WINTER PARK FL 32789 |                                       |   | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           |                                       |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           |                                       |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           |                                       |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           |                                       |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           |                                       |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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>Terry Snow</b> <b>2.4.05</b> <b>407-628-4802</b>   |  |                                       |   |  |  |