## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Apr 29, 2005 08:00 AM Secretary of State DOCUMENT # M01000002507 1. Entity Name WORLD PUBLICATIONS, LLC Principal Place of Business Mailing Address 460 NORTH ORLANDO AVE. 460 NORTH ORLANDO AVE. SUITE 200 WINTER PARK FL 32789 SUITE 200 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 59-3754954 Not Applicable Zip \$5.00 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE. TALLAHASSEE FL 32301 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, typod or printed name of registered agent and take if applicable (NOTE, Registered Agent's gnature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. 71713 ☐ Delete Trit F ☐ Change Addilion SNOW, TERRY NAME NAME U00000343727 04/29/05-80109-004 50.00 STREET ADDRESS 1486 ALABAMA STREET ADDRESS CITY - ST - ZIP WINTER PARK FL 32789 CITY-ST-ZIP TITLE ☐ Delete FITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP THEF Delete Hite Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CHY-ST-ZIP 2,1717 ☐ Defete hitt Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP ☐ Change TITLE ☐ Delete Blue Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Caytime Phone #

FILED