## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # M0100002507

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Principal Place of Business	Mailing Address	
460 NORTH ORLANDO AVE. SUITE 200 WINTER PARK FL 32789	460 NORTH ORLANDO AVE. SUITE 200 WINTER PARK FL 32789	
2. Principal Place of Business	3. Mailing Address	<del>-</del>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90085 027 \*\*\*\*50.00

WORLD P	UBLICATIONS, LLC					03-01-2003 9	0 0 0 0 0 E	.7 50.0	, 0
460 NORTH ORLANDO AVE. 460 I SUITE 200 SUIT WINTER PARK FL 32789 WINT		Mailing Address 460 NORTH ORLANDO AVE. SUITE 200 WINTER PARK FL 32789		-					
		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & Stat	e	City & State			4. FEI Number	59-3754954			plied For
Zip	Country	Zip	Coun	try	5. Certificate o	of Status Desired		\$5.00 Add	litional
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current	Registered Agent		·	7. Name and A	Address of New Re	egistered		
				Name	· · · · · · · · · · · · · · · · · · ·				<del>- : :</del>
NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301				Street Address (F	P.O. Box Number	is Not Acceptable)	)		
IALL	DAINGGEE I'E GEGOT								
				City			FL	Zip Code	 e
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	ed office or registere	ed agent, or both	, in the State of Flor	ida. Lam	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	ad var if a second	E. Oanista				DATE		
<del></del>	Signature, typed or printed name of registered agent a			Agent signature required	when reinstating)	<del></del>	DAIE	·	
		l l		FEE IS \$50.00					
		Make Check Payabl Due		orida Departmer ay 1, 2003	nt of State				
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES	3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNOW, TERRY 1486 ALABAMA WINTER PARK FL 32789	☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2.300.000	Delete	~TITLE NAME STREE		The second secon	T was		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied with	☐ Delete	CITY-	ET AODRESS ST-ZIP				☐ Change	Addition

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.

AME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # SIGNATURE: