FILED
Apr 15, 2003 8:00 am
Secretary of State
04-15-2003 90026 049 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #M99000000015

1. Entity Name

WORLDVIEW TRAVEL, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1210 TWELFTH LANE	1210 TWELFTH LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BEACH GARDENS, FL	City & State: PALM BEACH GARDENS, FL
Zip: 33418 Country:	Zip: 33418 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 25-1784433 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: GINA MEYERSON

Street Address (P.O. Box Number is Not Acceptable): 1210 TWELFTH LANE

City: PALM BEACH GARDENS FL Zip Code: 33418

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: _____ DATE: _____
(Corporate, Board or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	MGRM	TITLE	
NAME	MICHAEL J. SAUNDERS	NAME	
STREET ADDRESS	671 WASHINGTON ROAD	STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15228	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	CARL BRANDTONIES	NAME	
STREET ADDRESS	671 WASHINGTON ROAD	STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15228	CITY-ST-ZIP	
TITLE	MGR	TITLE	
NAME	GINA MEYERSON	NAME	
STREET ADDRESS	1210 TWELFTH LANE	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: H. Carl Brandtonies 4/11/03 412-344-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #