

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 23, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N00000005274****1. Entity Name**  
PLACE OF HOPE INTERNATIONAL, INC.

| Principal Place of Business   | Mailing Address   |
|---|---|
| PHILLIPS POINT EAST TOWERS<br>777 S FLAGLER DR, STE 1100<br>W PALM BEACH FL 33401 | PHILLIPS POINT EAST TOWERS<br>777 S FLAGLER DR, STE 1100<br>W PALM BEACH FL 33401 |

**2. Principal Place of Business**  
Suite, Apt. #, etc.**3. Mailing Address**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

| City & State | City & State | 4. FEI Number  | Applied For                    |
|--------------|--------------|--|--------------------------------|
| Zip          | Country      | 65-1030972   | Not Applicable                 |
| Zip          | Country      | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

| 6. Name and Address of Current Registered Agent                    | 7. Name and Address of New Registered Agent                                    |
|--|--|
| PANZL JOSEPH R<br>111 N ORANGE AVE, STE 900<br>ORLANDO FL 32801 US | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL 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.****SIGNATURE** 04/23/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

|   |   |  |
|---|---|--|
| <b>FILE NOW:</b><br><b>FEE IS \$61.25</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to</b><br><b>Department of State</b> |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                     |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---------------------------------|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>T WOERNER DARREN MR<br>777 S. FLAGLER DRIVE, SUITE 1100<br>WEST PALM BEACH FL 33418   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>SD MULLINS TODD MR<br>5343 NORTHLAKE BLVD.<br>PALM BEACH GARDENS FL 33418             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>VD MULLINS TOM MR<br>5343 NORTHLAKE BLVD.<br>PALM BEACH GARDENS FL 33418              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>VD WOERNER LESTER JMR<br>777 S. FLAGLER DRIVE, SUITE 1100<br>WEST PALM BEACH FL 33401 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>PD WOERNER LARRY JMR<br>777 S. FLAGLER DRIVE, SUITE 1100<br>WEST PALM BEACH FL 33401  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:** Larry J. Woerner **PD** **04/23/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)