2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# N01000007691

Entity Name: WORLD HANDS NETWORK, INC.

Current Principal Place of Business:

225 NE 34TH STREET
SUITE 100
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

225 NE 34TH STREET
SUITE 100
MIAMI, FL 33137

New Mailing Address:

FEI Number: 65-1149886 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRAZER, TIFFANY B
225 NE 34TH STREET
SUITE 100
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TRUS ( ) Delete
Name: TRACEY, PAT
Address: 101 ALBACORE LANE
City-St-Zip: JUPITER, FL 33477

Title: PRES ( ) Delete
Name: FRAZER, TIFFANY B DO
Address: 225 NE 34TH STREET
City-St-Zip: MIAMI, FL 33137

Title: TRES ( ) Delete
Name: FRAZIER, TROY
Address: 225 NE 34TH STREET
City-St-Zip: MIAMI, FL 33137

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TRUS (X) Change ( ) Addition
Name: FRAZER, TROY
Address: 225 NE 34TH STREET
City-St-Zip: MIAMI, FL 33137

Title: TRUS ( ) Change (X) Addition
Name: CORREA, CARLOS
Address: 225 NE 34TH STREET
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIFFANY B. FRAZER PRES 04/30/2003

Electronic Signature of Signing Officer or Director — Date