SIGNATURE: 丛

## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # P00000023301** 1. Entity Name WWDB, INC. 04-04-2001 90123 027 \*\*\*150.00 Principal Place of Business Mailing Address ATTN: Andrew Teger 6131 SW 20th Street Plantation, Fl. 33317 6131 SW 20th Street Plantation, F11 33317 39525 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Act # etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0988835 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Andrew-Teger-Street Address (P.O. Box Number is Not Acceptable) 6131 SW 20th Street Plantation, Fl. 33317 City Zip Code 8. The above named entity submits this statement to up purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when re 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 . Added to Fees (See Criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Change TITLE ☐ Delete TITLE President NAME NAME Andrew Teger STREET ADDRESS STREET ADDRESS 6131 SW 20th Street CITY-ST-ZIP CITY-ST-ZIP Plantation. El Change TITLE □ Delete ☐ Addition Vice-President NAME Nicole Harrison Teger NAME STREET ADDRESS STREET ADDRESS 6131 SW 20th Street CITY-ST-ZIP CITY-ST-ZIP Plantation, Fl. 33317 ☐ Change ☐ Addition TITLE Delete NAME MAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Celete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE THE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 eath; 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 11 or Block 12 if changed, or on an attachment with an address.

Andrew Teger, Pres.

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