

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0086441 AV

DOCUMENT # P01000000842

1. Entity Name
NEVERWORLD MEDIA, INC.



FILED

03 MAY 19 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2947 SHADOW VIEW CIRCLE
MAITLAND FL 32751

Mailing Address
2947 SHADOW VIEW CIRCLE
MAITLAND FL 32751

2. Principal Place of Business

541 One Center Blvd.

3. Mailing Address

541 One Center Blvd.

Suite, Apt. #, etc.

306

Suite, Apt. #, etc.

306

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

32701

Country

Seminole

Zip

32701

Country

Seminole

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERRICK, ROBERT
2947 SHADOW VIEW CIRCLE
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name Robert J. Merrick

Street Address (P.O. Box Number is Not Acceptable)

541 One Center Blvd. #306

City

Altamonte Springs

FL

Zip Code

32701

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
MERRICK, ROBERT
2947 SHADOW VIEW CIRCLE
MAITLAND FL 32751 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CTO
SWITZER, DAVID
5538 22ND ST SOUTH #1909
ST PETERSBURG FL 33712 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300020778053
06/11/03--01051--001 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

407.660.0721

Date:

Daytime Phone #

CR2E034 (10/02)