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May 02, 2003 8:00 am
Secretary of State
05-02-2003 90740 044 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000020531

1. Entity Name
WORLDWIDE REPRODUCTIONS USA, INC.

90123007

Principal Place of Business	Mailing Address
2222 FEDERAL HIGHWAY DELRAY BEACH, FL 33483	2222 FEDERAL HIGHWAY DELRAY BEACH, FL 33483

2. Principal Place of Business	3. Mailing Address
935 EMERALD ROW	935 EMERALD ROW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GULFSTREAM, FL	City & State: GULFSTREAM, FL
Zip: 33483 Country: USA	Zip: 33483 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 47-0854010 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LAMBERT, SANDR ESQ.
370 W. CAMINO GARDENS BLVD., SUITE 114
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROWAN, MICHAEL 935 EMERALD ROW GULFSTREAM, FL 33483	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MOLYNEUX, BERNARD 1009 ISLAND DRIVE DELRAY BEACH, FL 33483	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	ST SUSAN ROWAN 935 EMERALD ROW GULFSTREAM, FL 33483	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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

SIGNATURE: M Rowan 04/29/03 561-278-1206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #