

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90289 012 ***150.00

0696313 FP

DOCUMENT # P02000022708

1. Entity Name
WORLD COM AND TECHNOLOGY, INC.



Principal Place of Business
11915 ANDROMEDA LANE
WESTON FL 33327

Mailing Address
11915 ANDROMEDA LANE
WESTON FL 33327



2. Principal Place of Business
1915 Andromeda Ln
Suite, Apt. #, etc.

3. Mailing Address
1915 Andromeda Ln
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Weston FL

City & State
Weston FL

4. FEI Number
010615134

Applied For
 Not Applicable

Zip
33327

Country
USA

Zip
33327

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEGAL INFORMATION SERVICES, INC.
1290 WESTON ROAD
SUITE 300
FT. LAUDERDALE FL 33326

Name Terence Smith
Street Address (P.O. Box Number is Not Acceptable)
1915 Andromeda Lane

City Weston FL Zip Code 33327

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 Terence Smith

04/10/03
DATE

(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 D Delete
NAME SMITH, TERENCE D
STREET ADDRESS 11915 ANDROMEDA LANE
CITY-ST-ZIP WESTON FL 33327

TITLE Change Addition
NAME 1915 Andromeda Lane
STREET ADDRESS Weston FL 33327
CITY-ST-ZIP

TITLE D Delete
NAME HARRIOTT, ROGER
STREET ADDRESS 6751 COLLEGE COURT, #202
CITY-ST-ZIP DAVIE FL 33317

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Terence Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/03
Date

954 659 1286
Daytime Phone #

CR2E034 (10/02)