

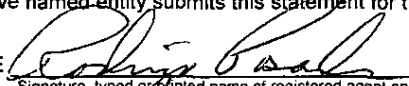
2000 UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT # p02000122487			
1. Entity Name JCM WORLWIDE CORP JCM WORLWIDE CORP.			
Principal Place of Business 1620 W OAKLAND PARK BLVD 404 OAKLAND PARK, FL 33311		Mailing Address 1620 W OAKLAND PARK BLVD 404 OAKLAND PARK, FL 33311	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
03 MAY 13 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOFER, CHRISTOPHER 1620 W OAKLAND PARK BLVD SUITE 404 OAKLAND PARK, FL 33311		Name GRUSHOFF & POSADA, INC. Street Address (P.O. Box Number is Not Acceptable) 715 N BEL AIR DRIVE City PLANTATION FL Zip Code 33317	
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. SIGNATURE  RODRIGO POSADA 4/30/2003 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date</small>			

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP DIR SPANNOS, JOHN 1620 W OAKLAND PARK BLVD., SUITE 404 OAKLAND PARK, FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 400020055404 05/29/03--01006--008 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP DIR HOFER, CHRISTOPHER 1620 W OAKLAND PARK BLVD., SUITE 404 OAKLAND PARK, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP DIR GROSSO, MICHAEL 1620 W OAKLAND PARK BLVD., SUITE 404 OAKLAND PARK, FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	JOHN SPANNOS	4/30/2003	954-347-8721
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CRE034 (9/99)