

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90039 035 ***150.00

DOCUMENT # P04000123823



1. Entity Name
 WORLDWIDE STAGE, INC.

Principal Place of Business
 5039 82ND WAY E
 SARASOTA, FL 34243

Mailing Address
 5039 82ND WAY E
 SARASOTA, FL 34243



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07122005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
 20-3145068

Applied For
 Not Applicable

Zip Country Zip Country

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

SOSS, MARC J
 630 S ORANGE AVE
 SARASOTA, FL 34236

Name *Burton Wolfe*
 Street Address (P.O. Box Number is Not Acceptable)
5039 82nd Way East
 City *SARASOTA* FL Zip Code *34243*

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 *Burton Wolfe*

(NOTE: Registered Agent signature required when reinstating)

DATE *July 13/05*

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WOLFE, BURTON	
STREET ADDRESS	5039 82ND WAY E	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	D	<input type="checkbox"/> Delete
NAME	WONG, LAWRENCE	
STREET ADDRESS	5039 82ND WAY E	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Burton Wolfe* BURTON WOLFE July 13/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #