## FILED 2001 UNIFORM BUSINESS REFORT (UBR) Aug 29, 2001 8:00 am Secretary of State DOCUMENT # 8940000 2955 World IT ENTERPRISES INC. 08-29-2001 90011 019 \*\*\*150.00 Principal Place of Business Land Del Sal Mailing Address D.O. Bux 36, 5505 Punto Del Sal MUUUG006 ST. Petersburg, FL. 3. Mailing Address P.O. Box 361 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #124 City & State ST. Petersburg City & State 4. FEI Number Applied For 59323268°3 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Uram Lo Duse. Il 5505 Puerta Del Sol Street Address (P.O. Box Number is Not Acceptable) Petersburg, Zip Code FL 8. This bove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be -Tax-filing requirement and elects to do so. After MAY-1, 2001-Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Addition William L. Dusell NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. Petersburg Fl. TITLE Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

105/101 727-906-8033

WILLIAMS DUSETTE 5505 PUERTA DEL SOL BLVD. UNIT 124 ST PTERSBURG FL 33715

727 9068053

Request taken by: dwilliams 06-27-2001

The forms you recently requested from this office are:

201. COR Profit A/R

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

Ver our Vilephone Conversation

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