

DOCUMENT # P94000030215

1. Entity Name

WORLD FEDERATION PUBLISHERS, INC.

Principal Place of Business

1202 PARRILLA DE AVILA  
TAMPA FL 33613  
US

Mailing Address

1202 PARRILLA DE AVILA  
TAMPA FL 33613  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-2229927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TSOKOS, CHRIS P  
1202 PARRILLA DE AVILA  
TAMPA FL 33613

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DCEO	<input type="checkbox"/> Delete
NAME	LAKSHMIKANTHAN, V. DR.	
STREET ADDRESS	102 ORMOND AVE.	
CITY-ST-ZIP	INDIATLANTIC FL 32903	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TSOKOS, CHRIS P DR.	
STREET ADDRESS	1202 PARRILLA DE AVILA	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LAINIOTIS, DEMITRI DR.	
STREET ADDRESS	3207 HWY. A1A	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SAMBANDHAM, M. DR.	
STREET ADDRESS	4421 KINGSFIELD CT.	
CITY-ST-ZIP	DUNWOODY GA 30338	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATROSOV, V. DR.	
STREET ADDRESS	102 ORMOND AVE.	
CITY-ST-ZIP	INDIATLANTIC FL 32903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90072 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)