2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Mar 17, 2004 8:00 am Secretary of State **DOCUMENT # P94000040328** 03-17-2004 90036 020 ***158.75 INTERNATIONAL WORLD WIDE ENTERTAINMENT, CORP. Principal Place of Business Mailing Address 94020091 P.O. BOX 49196 P.O. BOX 49196 SARASOTA, FL 34230 SARASOTA, FL 34230 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02262004 Chg-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 65-0495364 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRENCH, C. TED Street Address (P.O. Box Number is Not Acceptable) 1750 RINGLING BLVD. SARASOTA, FL 34230 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. **PSD** PSD Change TITLE ☐ Delete TITLE ☐ Addition CZEISLER, FRANZ NAME CZEISLER, FRANZ NAME STREET ADDRESS STREET ADDRESS 1241 CULF OF MEXICO DRIVE:, APT 407 4779 TIVOLI PLACE LONGBOAT KEY, FL 34226 CITY-ST-ZIP CITY-ST-7IP SARASOTA.FL 34235-3649 TITLE ☐ Delete TITLE Change ☐ Addition V CZEISLER, LUDWIG CZEISLER, LUDWIG NAME NAME 1241 CULF OF MEXICO DR., APT. 407 STREET ADDRESS STREET ADDRESS 4779 TIVOLI PLACE CITY-ST-ZIP **LONGBOAT KEY, FL-34228** CITY-ST-ZIP SARASOTA, FLT 34235-3649 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

E OF SIGNING OFFICER OR DIRECTOR

FILED

03.10.2004

(941) 366-9200