2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P95000013366

1. Entity Name



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90506 049 ***150.00

| WORLD | ENTERTA | AINMENT SERVIC | ES, INC | , | | | | | | | |
|--|--|---|---------------------------|--|--|------------------|------------------------------|-------------------------------------|----------------|---|---|
| Principal Place of Business 460 NORTH ORLANDO AVENUE SUITE 200 WINTER PARK FL 32789 US | | | 460 SUIT WINT US | Mailing Address 460 NOPTH ORLANDO AVENUE SUITE 200 WINTER PARK FL 32789 US | | | | | | | |
| 2. Principal Place of Business | | | 3. Mai | 3. Mailing Address | | | | IN LUID) UIĶIL URIII AI | | | T O(() T D) |
| Suite, Apt. #, etc. | | | Suit | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | | City | City & State | | | FEI Number | 59-3298903 |] | <u> </u> | pplied For ot Applicable |
| Zip | | Country | Zip | | Country | 5. | Certificate of S | Status Desired | | \$8.75 Ad Fee Require | ditional |
| | 6. Name | and Address of Currer | nt Registere | ed Agent | - Niā ista | 7. | Name and Ad | dress of New F | legistered A | gent | |
| GRAHAM | KEITH A | | | | Name | | | | | | |
| Graham, Keith a 233 S Semoran BLVD | | | | Street Address | | | Box Number is | Not Acceptable | 1) | | |
| | O FL 32807 | | | | | | | · | | | |
| - · · · - · · · · | | | | | City | | | | FL | Zìp Cod | le |
| | e named entit tions of regist | y submits this statement ered agent. | for the purp | pose of changing its re | egistered office or | registered a | igent, or both, in | n the State of Flo | orida. I am fa | amiliar with, | and accept |
| SIGNATURE . | Signature, typed | or printed name of registered age | nt and title if app | olicable. (NOTE: | Registered Agent signatu | re required when | reinstating) | | DATE | | |
| | HE NOWII | | | l — | | | 1 | | | | |
| | | ! FEE IS \$150.00 | | | | | 9. Flection | on Campaign Fir | nancing | \$5.0 | 10 May Ba |
| Afte | r May 1, 200 | ! FEE IS \$150.00)3 Fee will be \$550.00 Florida Department | | | | | I | on Campaign Fir Fund Contributio | | | 00 May Be d to Fees |
| Afte | r May 1, 200 | 3 Fee will be \$550.00 | of State | DRS | 11. | A | Trust F | . • | n. | Adde | d to Fees |
| After Make Check 10. | r May 1, 200 k Payable to | 03 Fee will be \$550.00 o Florida Department OFFICERS AN | of State | PRS Delete | TITLE | A | Trust F | Fund Contributio | n. | Adde | d to Fees |
| After Make Check 10. TITLE NAME | r May 1, 200 k Payable to D SNOW, T | O3 Fee will be \$550.00 o Florida Department OFFICERS AN | of State | | TITLE NAME | A | Trust F | Fund Contributio | n. | DIRECTOR | d to Fees |
| After Make Check 10. | D SNOW, T | O3 Fee will be \$550.00 o Florida Department OFFICERS AN | of State | | TITLE | A | Trust F | Fund Contributio | n. C | DIRECTOR Change | d to Fees |
| After Make Check 10. TITLE NAME STREET ADDRESS | D SNOW, T | OS Fee will be \$550.00 DEFICIENT AN OFFICERS AN ERRY BAMA | of State | | TITLE NAME STREET ADDRESS | Α | Trust F | Fund Contributio | n. | DIRECTOR Change | d to Fees |
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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:

GAE NEWWINED