

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007235

1. Entity Name

WORLDCAST INTERACTIVE, INC.

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90054 043 \*\*\*150.00

Principal Place of Business

Mailing Address

3635 PARK CENTRAL BLVD  
POMPANO BEACH FL 33064

3635 PARK CENTRAL BLVD  
POMPANO BEACH FL 33064-2262

2. Principal Place of Business

20283 STATE ROAD 7

3. Mailing Address

P.O. BOX 1276

Suite, Apt. #, etc.

SUITE 300

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

DEERFIELD BEACH, FL

Zip

33498

Country

U.S.A.

Zip

33443-1276

Country

U.S.A.

4. FEI Number

65-0639498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REMONDINI, STEVE J  
21569 WOODSTREAM TERR  
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name

ANDY LOCKWOOD

Street Address (P.O. Box Number is Not Acceptable)

350 EAST LAS OLAS

City

SUITE 1700

FORT LAUDERDALE

FL

33301

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, 2000 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	CDO	<input checked="" type="checkbox"/> Delete
NAME	REMONDINI, STEVE R	
STREET ADDRESS	21569 WOODSTREAM TERR	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	DCTO	<input type="checkbox"/> Delete
NAME	TESSARO, WILLIAM EDWARD	
STREET ADDRESS	7457 TRESSCOTT DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	MORADI, DR. AHMAD	
STREET ADDRESS	2821 E COMMERCIAL BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	DCOO	<input type="checkbox"/> Delete
NAME	KELNER, ROBERT S	
STREET ADDRESS	11020 NW 5TH CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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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 #

CR2FC14 (9/91)