

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 12, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P96000007235**1. Entity Name  
WORLDCAST INTERACTIVE, INC.Principal Place of Business  
20283 STATE ROAD D7  
SUITE 300  
BOCA RATON FL 33498  
USMailing Address  
PO BOX 1276  
DEERFIELD BEACH FL 33443  
US2. Principal Place of Business  
10 FAIRWAY DRIVE3. Mailing Address  
10 FAIRWAY DRIVESuite, Apt. #, etc.  
SUITE 207Suite, Apt. #, etc.  
SUITE 207City & State  
DEERFIELD BEACH FLCity & State  
DEERFIELD BEACH FLZip Country  
33441 USZip Country  
33441 US4. FEI Number  
65-0639498Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.PLANTATION FL 33324  
US**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 \_\_\_\_\_ 09/12/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 DCOO ☒ Delete  
NAME KELNER ROBERT S  
STREET ADDRESS 11020 NW 5TH CT  
CITY-ST-ZIP CORAL SPRINGS FL 33071TITLE DCEO ☒ Delete  
NAME MORADI DR. AHMAD  
STREET ADDRESS 2821 E COMMERCIAL BLVD  
CITY-ST-ZIP FT LAUDERDALE FL 33308TITLE DCTO ☐ Delete  
NAME TESSARO WILLIAM EDWARD  
STREET ADDRESS 7457 TRESSCOTT DRIVE  
CITY-ST-ZIP LAKE WORTH FL 33467TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE CPTS ☒ Change ☐ Addition  
NAME TESSARO WILLIAM E  
STREET ADDRESS 7457 TRESSCOTT DRIVE  
CITY-ST-ZIP LAKE WORTH FL 33467TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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:** William E. Tessaro

C

09/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)