FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000065435

LB WORLDWIDE HOLDINGS, INC.

Principal Place of Business		Mailing Address							
1550 N.W. 79TH AVENUE MIAMI FL 33126		P.O. BOX 527805 MIAMI FL 33152 US							
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied F			lied For
21		26				65-0688812	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired			ditional
		27				5. Certificate of Status Desired Fee Required			
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28			····	Trust Fund Contribution		ded to	Fees
Zip Country		Zip				8. This corporation owes the current year intangible Personal Property Tax Personal Property Tax			
24	25		30			Personal Property Tax. 10. Name and Address of New Regist			
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Regist	ered Agent		
COB	ER CORPORATE AGENTS, INC.			۱,	Name				·
	SOUTH BAYSHORE DRIVE			82	Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
19TH FLOOR MIAMI FL 33133			}	83					
			1	83					
*****			ĺ	84	City		FI 85	Zip C	ode
44.5	0.7050	2 CO2 1509 Florida Statuto		2010	named corn	poration submits this statement for the purpo	se of changin	n its r	egistered
office or re	edistered agent, or both, in the State i	of Florida. Such change was au	ithorized	וז עם	he corporation	on's board of directors. I hereby accept the	appointment a	as regi	stered
agent. I ar	m familiar with, and accept the obligation	tions of, Section 607.0505, Flori	ida Statu	ites.					
SIGNATURE	Signature, typed or printed name of registered ager	l and title if empirable (NOTE:	Registered	Agent	signature require	d when reinstating) DA	TE		
12.	OFFICERS AND DIRECTORS		13.		-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE	LETE 1.1 TIT				☐ Cha	nge	☐ Addition
NAME	LOWENTHAL, PAUL		1.2 NA	ME	ľ				
STREET ADDRESS			1.3 ST	1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33126		1.4 CIT	Y-ST-	-ZIP				
TITLE	D	☐ DELETE	2.1 TIT		·		Cha	ınge	☐ Addition
NAME	BRODIE, DAVID		2.2 NA	ME		•			Ì
STREET ADDRESS	1550 N.W. 79TH AVENUE		2.3 STREE		ADDRESS			_	
CITY-ST-ZIP	MIAMI FL 33126			2. 4 CITY-ST-ZIP					
TITLE				3.1 TITLE			Cha	inge	Addition
NAME		3		3.2 NAME					Ì
STREET ADDRESS				3.3 STREET ADDRESS					
CITY-ST-ZIP			34 CI	TY-ST	- ZIP				
TITLE		☐ DELETE	4.1 TIT		-		. Cha	ange	☐ Addition
NAME			4. 2 NAME				_	•	
STREET ADDRESS					ADDRESS				1
CITY-ST-ZIP TITLE	<u> </u>			4 CITY-ST-ZIP			☐ Cha	ange	☐ Addition
NAME			5.2 NA						
STREET ADDRESS			5.3 ST	REET	ADDRESS	•	•		
1			5.4 CIT	Y-ST-	-ZIP				1
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TIT				Cha	ange	Addition
i		<u> </u>	6.2 NA	ME			,		
NAME DODGE CO					ADDRESS		•		

14. 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 annual report or suppliemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90113 016 ***150.00