

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90033 007 \*\*\*158.75

**DOCUMENT # P96000065435**

1. Entity Name  
**LB WORLDWIDE HOLDINGS, INC.**

Principal Place of Business  
**11700 NW 102ND RD**  
**STE 15**  
**MIAMI FL 33178**

Mailing Address  
**P.O. BOX 527805**  
**MIAMI FL 33152**  
**US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0688812**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6- Name and Address of Current Registered Agent**

**COBER CORPORATE AGENTS, INC.**  
**2601 SOUTH BAYSHORE DRIVE**  
**10TH FLOOR**  
**MIAMI FL 33133**

**7- Name and Address of New Registered Agent**

Name **COBER CORPORATE AGENTS, INC**  
 Street Address (P.O. Box Number is Not Acceptable)  
**100 S.E. 2ND STREET**  
**SUITE 4000**  
 City **Miami** **FL** Zip Code **33131**

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/22/02**

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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOWENTHAL, PAUL</b>	
STREET ADDRESS	<b>11700 NW 102ND RD STE 15</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRODIE, DAVID</b>	
STREET ADDRESS	<b>11700 NW 102ND AVE- STE 15</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
TITLE		<input type="checkbox"/> Delete
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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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/22/02**

Daytime Phone # **305-591-3888**

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CR2E034 (9/01)