

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000079171**1. Entity Name
EMIT WORLDWIDE CORPORATION

Principal Place of Business	Mailing Address
6301 NW 5TH WAY	6301 NW 5TH WAY
STE 1400	STE 1400
FORT LAUDERDALE FL	FORT LAUDERDALE FL
33335 US	33335 US

2. Principal Place of Business	3. Mailing Address
6301 NW 5TH WAY	6301 NW 5TH WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
STE 1400	STE 1400

City & State	City & State
FORT LAUDERDALE FL	FORT LAUDERDALE FL

Zip	Country	Zip	Country
33309	US	33309	US

4. FEI Number	Applied For
65-0788800	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**RICHARDS GRANT**
6301 NW 5TH WAY
SUITE 1400
FORT LAUDERDALE FL
33309 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 **GRANT RICHARDS****04/30/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	BING ANDREW G	
STREET ADDRESS	6847 NW 28TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	EL SANADI NABIL	
STREET ADDRESS	6301 NW 5TH WAY SUITE 1400	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDS TRUDYELLEN	
STREET ADDRESS	5883 BARTRAM ST	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEATH WILLIAM PHILIP	
STREET ADDRESS	511 BAYSHORE DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAUGHN C. ELLIS	
STREET ADDRESS	6301 NW 5TH WAY SUITE 1400	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDS GRANT	
STREET ADDRESS	POST OFFICE BOX 21364 N/A	
CITY-ST-ZIP	FORT LAUDERDALE FL 33335	

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
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
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: Grant Richards

D

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)