

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036754

1. Entity Name
WORLDWIDE LICENSING & MERCHANDISING, INC.



Principal Place of Business
18 WINSTON DR
BELLEAIR FL 33756
US

Mailing Address
18 WINSTON DR
BELLEAIR FL 33756
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3512672

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, AMY G ESQ
18 WINSTON DR
BELLEAIR FL 33756

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, for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE



9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: SPS
NAME: HARRIS, MICHAEL G Delete
STREET ADDRESS: 18 WINSTON DR
CITY-ST-ZIP: BELLEAIR FL 33756

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: VP
NAME: HARRIS, AMY Delete
STREET ADDRESS: 18 WINSTON DRIVE
CITY-ST-ZIP: BELLE AIR FL 33756

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STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: T
NAME: HUDSON, RENATE Delete
STREET ADDRESS: 18 WINSTON DRIVE
CITY-ST-ZIP: BELLE AIR FL 33756

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CITY-ST-ZIP: Change Addition

12. 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with an officer empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/03 777-584-2883
Date Daytime Phone #

FILED
13 SEP 12 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

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