

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071447

1. Entity Name  
Worldcom Digital, Inc.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 JUL 18 AM 10:36

Principal Place of Business Mailing Address

2. Principal Place of Business  
10920 Biscayne Blvd.  
Suite, Apt. #, etc.

3. Mailing Address  
10920 Biscayne Blvd.  
Suite, Apt. #, etc.

City & State  
North Miami, FL  
Zip 33161-7460 Country U.S.A.

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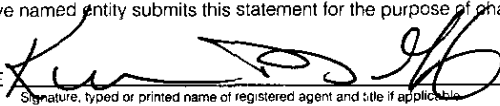
**REINSTATEMENT 99.00**  
DO NOT WRITE IN THIS SPACE  
05-06-99 90292 007 \$150.00  
4. FEI Number 65-0924384  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name  
Kenneth R. Duboff  
Street Address (P.O. Box Number is Not Acceptable)  
10920 Biscayne Blvd.  
City North Miami FL Zip Code 33161-7460

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  Kenneth R. Duboff  
(NOTE: Registered Agent signature required when reinstating)

7/7/00  
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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C/P Jeffery D. Chandler <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 319 Clematis Street, Suite 10000 West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Randall Jordan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 319 Clematis Street, Suite 10000 West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700003342917--9 -08/01/00--01087--022 *****750.00 *****750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 7/7/00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Jeffery D. Chandler (561) 493-1144  
7/7/00  
Date Daytime Phone #

CR2E034 (9/99)