FOR PROFIT CORPORATION
2004 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90394 013 ***150.00

DOCUMENT # P97000084683

1. Entity Name

WORLDWIDE ENTERTAINMENT GROUP, INC.

94077838

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1620 24th Street SE	1620 24th Street SE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ruskin, Florida	City & State: Ruskin, Florida
Zip: 33570 Country:	Zip: 33570 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0782705 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Trombetti, Joseph

Street Address (P.O. Box Number is Not Acceptable): 1620 24th Street SE

City: Ruskin FL Zip Code: 33570

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DVPS
NAME	Trombetti, Joseph
STREET ADDRESS	1620 24th Street SE
CITY-ST-ZIP	Ruskin, FL 33570
TITLE	DPT
NAME	Weber, Ronald
STREET ADDRESS	623 Sydenham Boulevard
CITY-ST-ZIP	Chesapeak, VA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] President 4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #