2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1300 74TH CIRCLE NE

ST PETERSRURG EL 33702

DOCUMENT # P9700085441

1. Entity Name

Principal Place of Business

ST PETERSRURG EL 33702

1300 74TH CIRCLE NE

WORLDWIDE ELECTRONIC BROADCASTING COMPANY



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 91180 016 ***150.00

POUTFORM

07. 12121100	51.0 T 2 357.02	on removed re				
2. Principal I	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3643019	Applied For Not Applicable	
Zip	Country	Zip	Country	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		
MCFARLAND, K			Name -			
1300 74TH CIRCLE NE			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
ST. PETERSBURG FL 33702						
			City	F	Zip Code	
	e named entity submits this statementions of registered agent.	it for the purpose of changin	g its registered office or regi	stered agent, or both, in the State of Florida. 18	am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable.	(NOTE: Registered Agent signature rec	quired when reinstating) DA1	E	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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 11.			11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	MCFARLAND, K		NAME			
STREET ADDRESS 1300 74TH CIRCLE NE			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33702		CITY-ST-ZIP			

TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete _ TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 11 if changed, or on an attaching twith an address, with all other like empowered.

SIGNATURE:

MIMME REQUIRED

4/15/2003 7275473388

CR2E034 (10/02)