

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000005273

1. Entity Name
WORLDWIDE MEDIA CONSULTANTS, INC.



Principal Place of Business
**2090 PALM BEACH LAKES BLVD. #300
WEST PALM BEACH, FL 33409**

Mailing Address
**2090 PALM BEACH LAKES BLVD. #300
WEST PALM BEACH, FL 33409**



02062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0811693

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCENTEE, WILLIAM J JR
2090 PALM BEACH LAKES BLVD. #300
WEST PALM BEACH, FL 33409**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GUILD, RALPH
STREET ADDRESS	100 PARK AVENUE
CITY - ST - ZIP	NEW YORK, NY 10017
TITLE	DST
NAME	MCENTEE, WILLIAM J JR.
STREET ADDRESS	2090 PALM BEACH LAKES BLVD. #300
CITY - ST - ZIP	WEST PALM BEACH, FL 33409

U00000655134
03/13/07-80094-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/07

Date Daytime Phone #