

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90061 036 ***150.00

DOCUMENT # P98000008942

1. Entity Name
WORLDWIDE AFFINITY MARKETING, INC.

Principal Place of Business
**120 UNIVERSITY PARK DR #150
 WINTER PARK FL 32792**

Mailing Address
**120 UNIVERSITY PARK DR #150
 WINTER PARK FL 32792**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**4037 METRIC DR
 SUITE 160
 WINTER PARK, FL**

3. Mailing Address
**4037 METRIC DR
 SUITE 160
 WINTER PARK, FL**

Zip **32792** Country **USA**

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4. FEI Number **59-3489861** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**VECCIA, DENNIS P
 120 UNIVERSITY PARK DR #150
 WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

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, or both, in the State of Florida.

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

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, 2001 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZINGALE, LANCE 120 UNIVERSITY PARK DR, STE 150 WINTER PARK FL 32792	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4037 metric Dr, STE 160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T VECCIA, DENNIS P 120 UNIVERSITY PARK DR, STE 150 WINTER PARK FL 32792	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4037 metric Dr., STE 160
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
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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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/26/01** Day: **407-384-4260**
 Day: **21606**

CR2E034 (10/00)