2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P98000046557 1. Entity Name WORLDSEARCH INFORMATION NETWORK. INC. 03-20-2000 90085 018 ***150.00 Mailing Address Principal Place of Business 11584 HARBORSIDE CIRCLE 11584 HARBORSIDE CIRCLE SEMINOLE FL 33773-4403 SEMINOLE FL 33773 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For Cityl & State 4. FEI Number City & State 59-3525748 Not Applicable Country Countrý \$8.75 Additional ~~Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KRUG, STEWART L Street Address (P.O. Box Number is Not Acceptable) 609 COURT STREET **CLEARWATER FL 34616** Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PSD** TITLE ☐ Change Addition De ete TITLE NACHMAN, IVAN NAME NAME STREET ADDRESS STREET ADDRESS 11584 HARBORSIDE CIRCLE CITY-ST-ZIP CITY-ST-7IP SEMINOLE FL 33773 ■ Addition TITLE ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

90 (727)392·0335