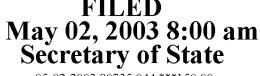
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P98000046557 DOCUMENT # 1. Entity Name WORLDSEARCH INFORMATION NETWORK, INC.



R <u>)</u>	May 02, 2003 8:00
	Secretary of Stat 05-02-2003 90735 044 ***150.00

			The state of the s		
Principal Plac	e of Business	Mailing Address P.O. BOX 1494	<u> </u>		
<del>#517</del>		LARGO FL 33779		·	
<del>LARGO FL 33</del>	<del>1770</del>				
2. Principal Place of Business		3. Mailing Address			.001 (0)
Suite, Apt, #, etc. 11584 HARBORSIDE CIRCLE		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State SENINOLE, FL		City & State		4. FEI Number 59-3525748 Applied Not Ap	d For plicable
3377	13 Country	Zip	Country	5. Certificate of Status Desired S8.75 Addition Fee Required	al
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Address of New Registered Agent -	
			Name		
KRUG, S1			Street Addre	ess (P.O. Box Number is Not Acceptable)	
	rt street				
CLEARWA	NTER FL 34616				
			City	FL Zip Code	
8. The above	named entity submits this statement for	r the purpose of changing its	s registered office or reg	istered agent, or both, in the State of Florida. I am familiar with, and	accept
the obligat	ions of registered agent.		•		-,-
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NO)	FE: Registered Agent signature re	quired when reinstating) DATE	— I
Afte	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00	State		9. Election Campaign Financing \$5,00 M Trust Fund Contribution.  Added to F	
<del></del> -	c Payable to Florida Department of			ADDITIONS (CLANICES TO OFFICE OF AND DISECTORS IN	
TITLE	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  Change	1 1 Addition
NAME	NACHMAN, IVAN	CT Delete	NAME	change	, Addition
STREET ADDRESS	11584 HARBORSIDE CIRCLE		STREET ADDRESS		ſ
CITY-ST-ZIP	SEMINOLE FL 33773		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐	Addition
NAME			NAME		ļ
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	·	
					A d distan
TITLE NAME		Delete	TITLE NAME	- · Change	Addition
STREET ADDRESS	:		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		1
TITLE		☐ Delete	TITLE	☐ Change ☐	Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		- {
CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP	·	
TITLE		☐ Delete	TITLE	☐ Change ☐	Addition
NAME			NAME CTREET ADDRESS		-
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		1
TITLE			TITLE	☐ Change ☐	Addition
NAME		☐ Delete	NAME	_ onenge _	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		-
12. I hereby o	ertify that the information supplied with	this filing does not qualify fo	r the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I further certify that the inform	ation

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