## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000070381 Feb 29, 2000 8:00 am 1. Entity Name Secretary of State WORLD TRAVELVISION, INC. 02-29-2000 90154 006 \*\*\*150.00 Principal Place of Business Mailing Address 1820 N. 48TH AVE. 1820 N. 48TH AVE. HOLLYWOOD FL 33021-4132 HOLLYWOOD FL 33021 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0856493 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOODMAN, HENRY Street Address (P.O. Box Number is Not Acceptable) 1820 N. 48TH AVE. HOLLYWOOD FL 33021 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PVST** □ Change Addition TITLE ☐ Delete TITLE NAME WOODMAN, HENRY NAME STREET ADDRESS STREET ADDRESS 1820 N. 48TH AVE. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Change ☐ Addition Delete TITLE TITLE WOODMAN, HENRY NAME STREET ADDRESS STREET ADDRESS 1820 N. 48TH AVE. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Change Addition Delete TITLE TITLE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition De'ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 parawered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO