2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: WWWT, INC.

Current Principal Place of Business:

220 ALHAMBRA CIRCLE
FIFTH FLOOR
CORAL GABLES, FL 331345101

New Principal Place of Business:

Current Mailing Address:

220 ALHAMBRA CIRCLE
FIFTH FLOOR
CORAL GABLES, FL 331345101

New Mailing Address:

FEI Number: 65-0899948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAKER, LAURA
220 ALHAMBRA CIRCLE
5TH FLOOR
CORAL GABLES, FL 331345101 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DC
Name: HAYWORTH, STEVEN D
Address: 220 ALHAMBRA CIRCLE 5TH FLR
City-St-Zip: CORAL GABLES, FL 331345101

Title: DP
Name: HENRIQUES, ADOLFO
Address: 220 ALHAMBRA CIRCLE 5TH FLR
City-St-Zip: CORAL GABLES, FL 331345101

Title: DT
Name: MCCROSKEY, RICHARD
Address: 220 ALHAMBRA CIRCLE 5TH FLR
City-St-Zip: CORAL GABLES, FL 331345101

Title: DV
Name: MEDINA, ANGEL
Address: 220 ALHAMBRA CIRCLE 5TH FLR
City-St-Zip: CORAL GABLES, FL 331345101

Title: DV
Name: DAMIAN, CHRISTOPHER
Address: 220 ALHAMBRA CIRCLE 5TH FLR
City-St-Zip: CORAL GABLES, FL 331345101

Title: VS
Name: DUFF, LEIGH A
Address: 220 ALHAMBRA CIRCLE 5TH FLR
City-St-Zip: CORAL GABLES, FL 331345101

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEIGH DUFF VS 04/29/2011

Electronic Signature of Signing Officer or Director — Date