


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90001 003 ***150.00

DOCUMENT # P98000102619 1. Entity Name WORLDWIDE INTERNET CLASSIFIEDS, INC.																											
Principal Place of Business 1499 W. PALMETTO PARK ROAD, SUITE 314 BOCA RATON, FL 33486 US		Mailing Address 1499 W. PALMETTO PARK ROAD, SUITE 314 BOCA RATON, FL 33486 US																									
2. Principal Place of Business 1499 W. Palmetto Pk Rd. Suite, Apt. #, etc. <u>Suite #157</u> City & State <u>Boca Raton, FL</u> Zip <u>33486</u> Country <u>USA</u>		3. Mailing Address 1499 W. Palmetto Pk Rd. Suite, Apt. #, etc. <u>Suite 157</u> City & State <u>Boca Raton, FL</u> Zip <u>33486</u> Country <u>USA</u>																									
4. FEI Number 03142003 Chg-P CR2E034 (10/03) 65-0880838		Applied For Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent SUSSMAN, BRYAN 1499 W. PALMETTO PARK ROAD SUITE 314 BOCA RATON, FL 33486																									
7. Name and Address of New Registered Agent Name <u>Bryan Sussman</u> Street Address (P.O. Box Number is Not Acceptable) <u>42 NW 3rd Ave</u> City <u>Delray Beach</u> FL Zip Code <u>33444</u>		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>[Signature]</u> DATE <u>5/20/04</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SUSSMAN, BRYAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1499 W. PALMETTO PARK ROAD, SUITE 314</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 33486</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	SUSSMAN, BRYAN		STREET ADDRESS	1499 W. PALMETTO PARK ROAD, SUITE 314		CITY-ST-ZIP	BOCA RATON, FL 33486		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Sussman, Bryan DPS</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>42 NW 3rd Ave</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Delray Beach, FL 33444</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	Sussman, Bryan DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	42 NW 3rd Ave		STREET ADDRESS	Delray Beach, FL 33444		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																									
NAME	SUSSMAN, BRYAN																										
STREET ADDRESS	1499 W. PALMETTO PARK ROAD, SUITE 314																										
CITY-ST-ZIP	BOCA RATON, FL 33486																										
TITLE	Sussman, Bryan DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME	42 NW 3rd Ave																										
STREET ADDRESS	Delray Beach, FL 33444																										
CITY-ST-ZIP																											
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		SIGNATURE: <u>[Signature]</u> <u>Bryan Sussman</u> DATE <u>5/20/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																									