

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107868

1. Entity Name

LDW WORLDWIDE COMMUNICATIONS, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90171 014 ***150.00

Principal Place of Business

Mailing Address

2428 RALEIGH ST
HOLLYWOOD FL 33020

2428 RALEIGH ST
HOLLYWOOD FL 33020-1607

2. Principal Place of Business

3. Mailing Address

1802 N. University Dr.

1802 N. University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 203C

Suite 203C

City & State

City & State

Plantation FL

Plantation FL

Zip

Country

Zip

Country

33322

USA

33322

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, LORETTA
2428 RALEIGH ST
HOLLYWOOD FL 33020

Name

Loretta Williams

Street Address (P.O. Box Number is Not Acceptable)

1802 N. University Drive

Plantation

33322

City

FL

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

Loretta Williams

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.



\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP
P
WILLIAMS, LORETTA
2428 RALEIGH STREET
HOLLYWOOD FL 33020

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

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NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

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:

Loretta Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00

954-236-3080

CR2E034 (9/99)