2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

May 03, 2000 8:00 am Secretary of State DOCUMENT # **P99000012310** 1. Entity Name WORLD, INC LITTLE BIG WORLD INC 05-03-2000 90085 004 ***150.00 Mailing Address .. Principal Place of Business 8238 GREENLEAF CIRCLE 8238 GREENLEAF CIRCLE TAMPA FL 33615-1216 TAMPA FL 33615 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State---Not Applicable Country \$8.75 Additional 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 Name HUNT, MARY E Street Address (P.O. Box Number is Not Acceptable) 8204 GREENLEAF CIRCLE **TAMPA FL 33615** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) - FILE:NOW!!!-FEE-IS-\$150.00-9. This corporation is eligible to satisfy, its Intangible io. 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 П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition D TITLE Change ☐ Delete TITLE MCCLOUD, JUANITA J NAME NAME STREET ADDRESS STREET ADDRESS 8238 GREENLEAF CIRCLE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33615** Change ☐ Addition TITLE ☐ Delete MCCLOUD, RAYMOND NAME 8238 GREENLEAF CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33615 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TINE 🗝 Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ 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

FILED