

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90142 002 \*\*\*158.75

**DOCUMENT # V25561**

1. Entity Name

**WORLDWIDE MEDIA, INC.**

Principal Place of Business

Mailing Address

**300 HYDE PARK AVENUE S. #220  
TAMPA FL 33606**

**% P.O. BOX 4756  
SEMINOLE FL 33775**

900000

2. Principal Place of Business

3. Mailing Address

**201 N. Franklin Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 2200**

City & State **Tampa, Florida**

City & State

4. FEI Number **59-2747112**

Applied For

Not Applicable

Zip **33602**

Country **USA**

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PENA, MARK  
300 HYDE PARK AVENUE S.  
STE 220  
TAMPA FL 33606**

Name **Randolph J. Wolfe**

Street Address (P.O. Box Number is Not Acceptable)  
**201 N. Franklin Street, Suite 2200**

City **Tampa**

FL Zip Code **33602**

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

**Randolph J. Wolfe**  
Signature, typed or printed name of registered agent and date if for reinstatement

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/13/2000**

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

TITLE **PD** ☐ Delete  
NAME **BERKENS, MICHAEL H**  
STREET ADDRESS **P.O. BOX 4756**  
CITY-ST-ZIP **SEMINOLE FL 33775**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 empowered.

SIGNATURE:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/10/2000 813-26751**