

CHANGE OF ADDRESS FORM

MICHAEL I. GOLDBERG, RECEIVER
350 East Las Olas Boulevard, Suite 1600
Ft. Lauderdale, Florida 33301-2229
Toll Free: (800) 223-2234
Facsimile: (954) 463-2224
Email: worldwide@akerman.com
Website: www.entertainmentgroupinfo.com

INSTRUCTIONS: Please complete all sections of this form, sign and date it, and return it to the Receiver's office along with your driver's license or other government-issued picture identification. You can submit your completed form and ID to the Receiver's office in any one of the following formats:

- 1.) by email to worldwide@akerman.com;
- 2.) fax the form to (954) 463-2224; or
- 3.) mail the form to: Michael I. Goldberg, Receiver
Worldwide Entertainment, Inc., et al.
350 E. Las Olas Blvd., Suite 1600
Ft. Lauderdale, Florida 33301-2229

Claimant Name(s): _____

Claim No. or Last Four Digits of Social Security #(s): _____

I/WE wish to update my/our contact information to the following:

Old Address: _____	New Address: _____
_____	_____
_____	_____
_____	_____

Telephone No: _____

Alternate Telephone No.: _____

Email: _____

I/We, the undersigned, hereby certify, under penalty of perjury, that all of the information provided in this Change of Address Form is true and correct.

Signed, under penalty of perjury this _____ day of _____, 20_____.

Signature: _____ Signature: _____ (Joint Claimant)

Print Name: _____ Print Name: _____ (Joint Claimant)