

9/14/01-90029-011-\$550.00-\$550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000044850
 1. Entity Name
NOVUS COMMUNICATIONS, INC.

Principal Place of Business: **4409 SUN 'N LAKE BLVD. SUITE F SEBRING FL 33872**
 Mailing Address: **4409 SUN 'N LAKE BLVD. SUITE F SEBRING FL 33872**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 25 AM 8:35



DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-1004529** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **BASSETTI, DENNIS R 4409 SUN 'N LAKE BLVD, SUITE F SEBRING FL 33872**

7. Name and Address of New Registered Agent: Name: Street Address (P.O. Box Number is Not Acceptable): City: **FL** Zip Code:

B. 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) DATE:

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		President Dennis Bassetti 441 Tolane Circle Avon Park FL 33825	
		Vice-President Carmel Allen Polido 416 Medina Way Sebring FL 33875	

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 or other information empowered.

SIGNATURE: **SIGNATURE REQUIRED** *S/10/01* **863-471-193**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)