

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90094 015 \*\*\*150.00

DOCUMENT # P00000044850  
 1. Entity Name  
 NOVUS COMMUNICATIONS, INC.



Principal Place of Business 4325 SUN LAKE BLVD STE 101 SEBRING, FL 33872	Mailing Address 4325 SUN LAKE BLVD STE 101 SEBRING, FL 33872
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**50033636**



01072005 No Chg-P CR2E034 (10/03)

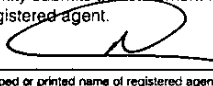
**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1004529	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 BASSETTI, DENNIS R  
 4325 SUN N LAKE BLVD  
 STE 101  
 SEBRING, FL 33872

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

DATE 3/28/2005

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BASSETTI, DENNIS
STREET ADDRESS	491 TULANE CIRCLE
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	VP
NAME	PULIDO, GABRIEL A
STREET ADDRESS	4116 MEDIRA WAY
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  (NOTE: Signature and typed or printed name of signing officer or director)

DATE 3/28/2005 (863) 471-1183

Date Daytime Phone #