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PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR 26 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001488**

1. Corporation Name
NOS COMMUNICATIONS OF VIRGINIA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4380 BOULDER HWY LAS VEGAS NV 89121 US	4380 BOULDER HWY LAS VEGAS NV 89121 US

3. Date Incorporated or Qualified
03/24/1994

4. FEI Number
52-1813864
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this Statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	[ ] DELETE	11 TITLE	[ ] Change [ ] Add
NAME	DELUG, R		12 NAME	
STREET ADDRESS	4380 BOULDER HWY		13 STREET ADDRESS	
CITY-ST-ZIP	LAS VEGAS NV 89121		14 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	21 TITLE	[ ] Change [ ] Add
NAME	LICHTENSTEIN, ROBERT		22 NAME	
STREET ADDRESS	6701 DEMOCRACY BLVD., STE. 811		23 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20817		24 CITY-ST-ZIP	
TITLE	CEO	[ ] DELETE	31 TITLE	
NAME	ARNAU, MIKE		32 NAME	
STREET ADDRESS	6701 DEMOCRACY BLVD., STE 811		33 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20817		34 CITY-ST-ZIP	
TITLE	P	[ ] DELETE	41 TITLE	[ ] Change [ ] Add
NAME	KOPPY, J		42 NAME	
STREET ADDRESS	4380 BOULDER HWY		43 STREET ADDRESS	
CITY-ST-ZIP	LAS VEGAS NV 89121		44 CITY-ST-ZIP	
TITLE	T	[ ] DELETE	51 TITLE	[ ] Change [ ] Add
NAME	KIRKPATRICK, K		52 NAME	
STREET ADDRESS	4380 BOULDER HWY		53 STREET ADDRESS	
CITY-ST-ZIP	LAS VEGAS NV 89121		54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Add
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-13-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE