2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

	MENT # F940000 0	1488								
NOS COMMUNICATIONS OF VIRGINIA, INC.						FILED 00 FEB 14 PM 12: 32				
4380 BOULDER HWY LAS VEGAS NV 89121 US		4380 BOULDER HWY LAS VEGAS NV 89121-3002 US			SECRETARY O TALLAHASSEE,	r Silati FLORID	Ē A			
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	DO NOT WRITE		1841 0188 1 (84) Ace	1) 1011 10E1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					11113 317			
City & State		City & State		4. 8	52-1813864		-	plied For t Applicable		
Zip	Country	Zip Country		try	5. Certificate of Status Desire		d S8.75 Additional Fee Required			
	6. Name and Address of Current Re	gistered Agent			7. N	Name and Address of New Reg	istered Age	ent		
:				Name						
CORPORATION SERVICE COMPANY 1201 HAYS ST.				Street Address (P.O. Box Number is Not Acceptable)						
TALL	AHASSEE FL 32301			City			FL	Zip Code	э	
	named entity submits this statement for the			d office or register		ant, or both, in the State of Floris				
Tax filing requirement and elects to do so After MAN			00 Fee	IS \$150.00 will be \$550.00 epartment of Sta	ate	10. Election Campaign Finar Trust Fund Contribution.	ocing		May Be to Fees	
11.	OFFICERS AND DI	RECTORS	12.		AD	DDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELUG, R 4380 BOULDER HWY LAS VEGAS NV 89121	☐ Delete		I				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LICHTENSTEIN, ROBERT 6701 DEMOCRACY BLVD., STE. 81 BETHESDA MD 20817	☐ Delete		i		4000 031- -02/23/0 ****150.	439:]010:] Change 1 -4 - 1500 ***150	<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ARNAU, MIKE 6701 DEMOCRACY BLVD., STE 81 BETHESDA MD 20817	□ Deli€te		ł				Change	☐ Addition	
TITLE NAME STREET ADDRÉSS CITY-ST-ZIP	P KOPPY, J 4380 BOULDER HWY LAS VEGAS NV 89121	. Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADGRESS CITY-ST-ZIP	T KIRKPATRICK, K 4380 BOULDER HWY LAS VEGAS NV 89121	☐ Delete					Е] Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					C	□ Change S	☐ Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is tr poration or the receiver or trustee empow, or on an attachment with an address, with	ue and accurate and that m ered to execute this report a	ıv signat	tire shall have the	same	legal effect as if made under oa	th: that I am	an officer	or director	

1.3/.00 Date