

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001488

FILED
Jan 22, 2005
Secretary of State

Entity Name: NOS COMMUNICATIONS OF VIRGINIA, INC.

Current Principal Place of Business:

4380 BOULDER HWY
LAS VEGAS, NV 89121 US

New Principal Place of Business:

Current Mailing Address:

4380 BOULDER HWY
LAS VEGAS, NV 89121 US

New Mailing Address:

FEI Number: 52-1813864 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: LICHTENSTEIN, ROBERT A
Address: 4380 BOULDER HIGHWAY
City-St-Zip: LAS VEGAS, NV 89121

Title: CEO () Delete
Name: ARNAU, MIKE
Address: 4380 BOULDER HIGHWAY
City-St-Zip: LAS VEGAS, NV 89121

Title: PT () Delete
Name: KOPPY, JOSEPH T
Address: 4380 BOULDER HIGHWAY
City-St-Zip: LAS VEGAS, NV 89121

Title: D () Delete
Name: FRODSHAM, KAROL
Address: 4380 BOULDER HIGHWAY
City-St-Zip: LAS VEGAS, NV 89121

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH T. KOPPY

T

01/22/2005

Electronic Signature of Signing Officer or Director

Date