SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9600005345 (1)

NDS AMERIÇAS INC.

FILED Jul 23 1998 8:00am Secretary of State

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Principal Plac	e of Rusiness	Mailing Address	····		·	FOIRN OONNI BORRE OFFRO HEIRI OFFRO ONNI ADDI	
Principal Place of Business Mailing Address 3501 JAMBOREE RD 3501 JAMBOREE RD							
SUITE 200 NEWPORT BEACH CA \$2660		SUITE 200					
		NEWPORT BEACH CA 9/	2660		DO NOT WRITE IN THIS SPACE		
US		US			 Date Incorporated or Qualified 10/15/1996 		
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number	Applied For	
21		26			33-0734012	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	} - 1		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23		[28]	[28]		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	h ang in the second of the sec		8. This corporation owes or has paid the current year lotangible		
24	25	29	30		Personal Property Tax due June		
	9. Name and Address of Curre			1 Name	10. Name and Address of New Reg	listered Agent	
	PRENTICE-HALL CORPORATION	on system, Inc.	ľ	1 Name			
1201 HAY& STREET TALLAHA\$SEE FL 32301			8	2 Street Add	ress (P.O. Box Number Is Not Acceptable)	
			8	3			
			8	4 City		85 Zip Code	
			*	City		FL S Z Code	
11. Pursuant	to the provisions of sections 607.05	02 and 607.1508, Florida State	les, the abov	e-named corpo	oration submits this statement for the purp ion's board of directors. I hereby accept t	ose of changing its registered	
onne or agent. I a	registered agent, or both, in the sta am familiar with, and accept the obli	igations of, section 607.0505, I	s a utnorized t Florida Statut	by the corporat	ion's board of directors. I hereby accept t	ne appointment as registered	
SIGNATURE	(M	1 1/1.//				///4/98	
	Signature, typed or printed name of positioned of	the state of the control of the cont		Agent signature req	ulred when reinstating)	DATE	
12.	PSD OPPICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PELED, ABRAHAM	L DELETE	1,1 TITLE			Change L_ Addition	
NAME		THE DO WEDDAYTON	1.2 NAME	J			
STREET ADDRESS	1 HEATHROW BLVD, 286 BA MIDDLESEX UB7 OQD ENGLA			ETADDRESS			
CITY-ST-ZIP	CFOT		1.4 CITY-				
TITLE		L DELETE	2.1 TITLE	- 1		L_ Change L Addition	
NAME	MEDLOCK, RICHARD	THE OR WE DRAVION	2.2 NAME				
STREET ADDRESS	1 HEATHROW BLVD, 286 BA' MIDDLESEX UB7 OQD ENGLA		1	ET ADDRESS			
CITY-ST-ZIP	SD SD	· · · · · · · · · · · · · · · · · · ·	2.4 CITY-				
TITLE	MEDLOCK, RICHARD	[DELETE	3.1 TITLE			Change Addition	
NAME		THIRD WINDAYTON	3.2 NAME	ì		}	
STREET ADDRESS	MIDDLEGEV LIDT AND EMOLAND			ET ADDRESS			
CITY-ST-ZIP	AS AS		3.4 CITY-				
TITLE	FISSE, JON	[] DELETE	4.1 TITLE			Change Addition	
NAME	1211 AVENUE OF THE AMER	NCAS	4.2 NAME	ì			
STREET ADDRESS	NEW YORK NY 10036	IIVAU		ETADDRESS			
CITY-ST-ZIP	D D		4.4 CITY-				
TITLE NAME	SISKIND, ARTHUR M	[] DELETE	5.1 TITLE 5.2 NAME			Change Addition	
	1211 AVENUE OF THE AMER	RICAS	1	1		•	
STREET ADDRESS	NEW YORK NY 10036			ET ADDRESS			
City-St-ZIP Title	D D	DELETE	5.4 CITY:		ntroller	Change Addition	
NAME	LOVELL, ROY	NA DELETE	6.2 NAME		· · · · · · · · · · · · · · · · · · ·	☐ Change ☒️ Addition	
	3501 JAMBOREE RD., SUITE	200	1	TADDRESS 3	501 Jambores Rd	SHE DOD	
STREET ADDRESS	NEWPORT BEACH CA	EVV	•	\ - 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	18 03600	
CITY-ST-ZIP	artify that the information supplied wi	ith this filing does not qualify for	the exemption	n stated in sec	ction 119.07(3)(i), Florida Statutes. I furthe	r certify that the information	
indicated o	on this annual report or supplements	al annual report is true and acc	urate and tha	t my signature	shall have the same legal effect as if ma quired by Chapter 607, Florida Statutes	ade under oath; that I am	
an officer of in Block 12	or director of the corporation or the i 2 or Block 13 if changed, prompn a	receiver or trustee empowered itlachment with an address.	no execute th		quired by Chapter 607, Florida Statutes;	and that my name appears	
				~ I∩h	$(\Delta J + t = 7 L I \cap R K I \cap I M A A A A A A A A A A A A A A A A A A$	114-	

JOHN L. WORKMAN