

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000005345**

1. Entity Name

NDS AMERICAS INC.**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90158 046 ***150.00

Principal Place of Business

**3501 JAMBOREE RD
SUITE 200
NEWPORT BEACH CA 92660
US**

Mailing Address

**3501 JAMBOREE RD
SUITE 200
NEWPORT BEACH CA 92660
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-0734012

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
PELED, ABRAHAM
1 HEATHROW BLVD, 286 BATH RD, W DRAYTON
MIDDLESEX UB7 0QD ENGLAND** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFOT
MEDLOCK, RICHARD
1 HEATHROW BLVD, 286 BATH RD, W DRAYTON
MIDDLESEX UB7 0QD ENGLAND** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MEDLOCK, RICHARD
1 HEATHROW BLVD, 286 BATH RD, W DRAYTON
MIDDLESEX UB7 0QD ENGLAND** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
FISSE, JON
1211 AVENUE OF THE AMERICAS
NEW YORK NY 10036** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SISKIND, ARTHUR M
1211 AVENUE OF THE AMERICAS
NEW YORK NY 10036** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
WORKMAN, JOHN L.
3501 JAMBOREE RD., SUITE 200
NEWPORT BEACH CA 92660** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**JOHN L. WORKMAN**

Date

Daytime Phone #

CR2E034 (9/01)