

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005345

FILED
Jul 06, 2004
Secretary of State

Entity Name: NDS AMERICAS INC.

Current Principal Place of Business:

3501 JAMBOREE RD
SUITE 200
NEWPORT BEACH, CA 92660 US

New Principal Place of Business:

Current Mailing Address:

3501 JAMBOREE RD
SUITE 200
NEWPORT BEACH, CA 92660 US

New Mailing Address:

FEI Number: 33-0734012 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: PELED, ABRAHAM
Address: 1 HEATHROW BLVD, 286 BATH RD, W DRAYTON
City-St-Zip: MIDDLESEX UB7 0QD ENGLAND,

Title: CFOT () Delete
Name: MEDLOCK, RICHARD
Address: 1 HEATHROW BLVD, 286 BATH RD, W DRAYTON
City-St-Zip: MIDDLESEX UB7 0QD ENGLAND,

Title: SD () Delete
Name: MEDLOCK, RICHARD
Address: 1 HEATHROW BLVD, 286 BATH RD, W DRAYTON
City-St-Zip: MIDDLESEX UB7 0QD ENGLAND,

Title: AS () Delete
Name: FISSE, JON
Address: 1211 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: D () Delete
Name: SISKIND, ARTHUR M
Address: 1211 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: C () Delete
Name: WORKMAN, JOHN L
Address: 3501 JAMBOREE RD., SUITE 200
City-St-Zip: NEWPORT BEACH, CA 92660

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:

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: JOHN L. WORKMAN

C

07/06/2004

Electronic Signature of Signing Officer or Director

_____ Date