2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F96000005345

Mailing Address

SUITE 200

3501 JAMBOREE RD

NEWPORT BEACH CA 92660

1. Entity Name

NDS AMERICAS INC.

Principal Place of Business

NEWPORT BEACH CA 92660

3501 JAMBOREE RD

SUITE 200



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90486 024 ***150.00

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. Principal Pla	ice of Busin	ess	3. Mailin	3. Mailing Address				(1884 as (188 id)) a suit sain sain				
Suite, Apt. #	, etc.		Suite,	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City 8	City & State			4. FE	33-0734012			lied For Applicable	
Zip Country			Zip		Coun	try	5 . Ce	ertificate of Status Desired		8.75 Addit ee Required	ional	
6. Name and Address of Current Registered Agent							7. Na	ame and Address of New Re	gistered A	gent		
CORPORATION OVOTEN INC						Name						
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET						Street Address (P.O. Box Number is Not Acceptable)						
TALLAHAS		2301										
ive.				City		City			FL	Zip Code		
9. The should	named entit	ty submits this stateme	nt for the purpo	se of changing its	register	ed office or reg	istered age	nt, or both, in the State of Flor	ida. I am fa	amiliar with, a	nd accept	
the obligation	ons of regis	tered agent.			_							
SIGNATURE _						d Agent signature re	autrod whee rein	netating)	DATE	<u> </u>		
	Signature, types	d or printed name of registered a	agent and title if appli	icable. (NOTE	:: Registere		dolled when tell	istinary)				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Fin Trust Fund Contribution	_		May Be to Fees	
	3S	11.		ADI	DITIONS/CHANGES TO OFF	CERS AND	DIRECTORS					
TITLE	PSD	<u> </u>	AND DIRECTOR	☐ Delete	TITL	É		•		Change	Addition	
NAME	PELED, A	ABRAHAM	TU DD 14/ DE	DAVTON	NAN STR	ME EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	MIDDLES	row BLVD, 286 BA Ex UB7 OOD ENGL	AND	TATION		Y-ST-ZIP						
TITLE	CFOT			☐ Delete	TITI	.E				☐ Change	Addition	
NAME	MEDLOC	K, RICHARD	THE DE W D	DAVITON	NAI	ME BEET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	1 HEATH	IROW BLVD, 286 BA EX UB7 OQD ENGL	ATH RU, W UI And	KAYTUN		Y-ST-ZIP						
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NAME	MEDLOC	K, RICHARD	TH DD 14/ D	DAVTON	NA CTI	ME RFET ADD <u>RESS</u>						
STREET ADDRESS CITY-ST-ZIP	1 HEATH	IROW BLVD, 286 BA SEX UB7 OQD ENGL	(<u>1H_</u> RU, <u>W_</u> UI AND	RAYIUN		Y-ST-ZIP						
TITLE	AS	EX OB! GGD EITGE		☐ Delete	TIT	LE				Change	☐ Addition	
NAME	FISSE, J					ME						
STREET ADDRESS CITY-ST-ZIP		enue of the AME PRK NY 10036	RICAS			REET ADDRESS Y-ST-ZIP						
TITLE	D	10000		☐ Delete	TIT	LE				☐ Change	Addition	
NAME	SISKIND	, ARTHUR M			1	ME						
STREET ADDRESS CITY-ST-ZIP		ENUE OF THE AME ORK NY 10036	HICAS			REET ADDRESS TY-ST-ZIP						
TITLE	C	711X 141 10000		☐ Delete	TIT	TLE I				☐ Change	Addition	
NAME	WORKM	AN, JOHN L	- 000			ME						
STREET ADDRESS		mboree RD., Suiti Rt Beach CA 9266				REET ADDRESS TY-ST-ZIP						
CITY-ST-ZIP	MEMPU	NI DEAUTI UN 3200	<u> </u>		1"		0	440 DZ(O)(i) Florido Ctotutos	I further co	rtify that the i	nformation	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SYNTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E REQUIRETOHN L. WORKMAN

Date

949/775-250

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