

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90001 044 \*\*\*150.00

**DOCUMENT # F98000004772**

**1. Entity Name**  
**NELSON PUBLIC RELATIONS, INC.**

**Principal Place of Business**  
**41 MADISON AVE. 29TH FLOOR**  
**NEW YORK NY 10010**

**Mailing Address**  
**41 MADISON AVE. 29TH FLOOR**  
**NEW YORK NY 10010**

**2. Principal Place of Business**

**3. Mailing Address**  
**41 Madison Avenue**  
**Suite, Apt. #, etc.**  
**31st Floor**

Suite, Apt. #, etc.

City & State

City & State  
**New York, NY 10010**

Zip

Country

Zip  
**10010**

Country  
**USA**

**4. FEI Number**  
**13-3860239**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

**7. Name and Address of New Registered Agent**

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** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | CEO                          | <input checked="" type="checkbox"/> Delete |
| NAME           | SCARPERI, PETER J            |  |
| STREET ADDRESS | 105 MADISON AVE., 31ST FLOOR |  |
| CITY-ST-ZIP    | NEW YORK NY 10016            |  |
| TITLE          | D                            | <input checked="" type="checkbox"/> Delete |
| NAME           | NELSON, WAYNE K              |  |
| STREET ADDRESS | 41 MADISON AVE. 29TH FLOOR   |  |
| CITY-ST-ZIP    | NEW YORK NY 10010            |  |
| TITLE          | P                            | <input checked="" type="checkbox"/> Delete |
| NAME           | RABIN, STEVE A               |  |
| STREET ADDRESS | 41 MADISON AVE. 29TH FLOOR   |  |
| CITY-ST-ZIP    | NEW YORK NY 10010            |  |
| TITLE          | AS                           | <input checked="" type="checkbox"/> Delete |
| NAME           | MOORE, THOMAS A              |  |
| STREET ADDRESS | 41 MADISON AVE. 29TH FLOOR   |  |
| CITY-ST-ZIP    | NEW YORK NY 10010            |  |
| TITLE          | EVST                         | <input checked="" type="checkbox"/> Delete |
| NAME           | LAW-GISIKO, PETER            |  |
| STREET ADDRESS | 41 MADISON AVE. 29TH FLOOR   |  |
| CITY-ST-ZIP    | NEW YORK NY 10010            |  |
| TITLE          | CFO                          | <input checked="" type="checkbox"/> Delete |
| NAME           | LAW-GISIKO, PETER            |  |
| STREET ADDRESS | 41 MADISON AVE. 29TH FLOOR   |  |
| CITY-ST-ZIP    | NEW YORK NY 10010            |  |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | CEO/DIRECTOR                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | THOMAS A. MOORE               |  |
| STREET ADDRESS | 41 MADISON AVENUE, 31st FLOOR |  |
| CITY-ST-ZIP    | NEW YORK, NY 10010            |  |
| TITLE          | CFO/SECRETARY                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JOHN W. NABIAL                |  |
| STREET ADDRESS | 41 MADISON AVENUE, 31st FLOOR |  |
| CITY-ST-ZIP    | NEW YORK, NY 10010            |  |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)