

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**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
41 Madison Avenue

Suite, Apt., #, etc.

Suite, Apt., #, etc.
31st Floor

City & State

City & State
New York, NY 10010

4. FEI Number
13-3860239

Applied For
 Not Applicable

Zip Country

Zip Country
10010 USA

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

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirements 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	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	

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 OF JOHN NABIAL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/14/02 Daytime Phone #: 212 448-6689

CR2E034 (9/01)