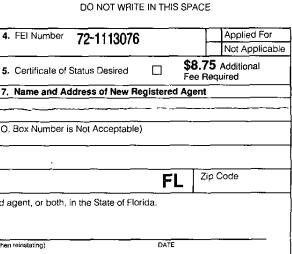
2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9900003025 1. Entity Name NLP ENTERPRISES, INC. Principal Place of Business Mailing Address 14661 SO. HARRELL'S FERRY ROAD 14661 SO. HARRELL'S FERRY ROAD BATON ROUGE LA 70816 BATON ROUGE LA 70816 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 72-1113076 Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE Defete TITLE PARKER, NORMAN L NAME NAME

Jan 23, 2001 8:00 am **Secretary of State**

01-23-2001 90108 003 ***150.00



☐ Addition ☐ Change STREET ADDRESS STREET ADDRESS 6947 GOVERNMENT ST. CITY-ST-ZIP CITY-ST-ZIP **BATON ROUGE LA 70806 EVPD** ☐ Addition TITLE ☐ Defete TITLE ☐ Change LEMOINE, DAVID C NAME NAME 735 CORA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BATON ROUGE LA 70815** TITLE Addition TITLE - Delete Change PARKER, SHARON L NAME NAME 6947 GOVERNMENT ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BATON ROUGE LA 70806 TITLE ☐ Delete TITLE Change ☐ Addition SMITH, GENE P NAME NAME 5503 N. SNOWDEN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BATON ROUGE LA 70817** VPD TITLE Delete TITLE Change Addition IRVIN, CLAUDIA B NAME NAME 5821 DOGWOOD DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RALEIGH NC 27616 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition MCINTYRE, GEORGE M NAME NAME

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 eath; 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.

Sharen E. Parker

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS 5513 PEAKTON DR.

RALEIGH NC 27614

1-11-01 225-755-2244 Date Daytime Phone #

\$5.00 May Be

Added to Fees