

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90266 028 ***158.75

DOCUMENT # F99000006267

1. Entity Name

G WORLD PRODUCTIONS, INC.

NSU Inc.

Principal Place of Business

**1203 WASHINGTON AVE
 MIAMI BEACH FL 33139**

Mailing Address

**% DIMARIA & GODBOUT
 33 BROAD STREET.. 11TH FLOOR
 BOSTON MA 02109**

2. Principal Place of Business

3. Mailing Address

1203 WASHINGTON AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI BEACH, FL

City & State

City & State

Zip

Country

Zip

Country

33139

U.S.A

4. FEI Number

52-2203467

Applied For

Not Applicable

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

**TERMINELLO, LOUIS J ESQ.
 TERMINELLO & TERMINELLO
 2700 S.W. 37TH AVE
 MIAMI FL 33133**

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, 2001 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 **PSTD** ☐ Delete
 NAME **NEVIUS, VANESSA L**
 STREET ADDRESS **1203 WASHINGTON AVE**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

4/30/01

Date

305-532-5632

Daytime Phone #

CR2E034 (10/00)