2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

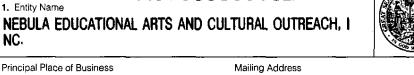
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Apr 24, 2003 8:00 am Secretary of State 04-24-2003 90220 019 ****70.50

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NEBUL <i>i</i> NC.	EDUCATIONAL	ARTS AND	CULTURAL	OUTREACH,
				



1862 N.W_38TA AVENUE P O BOX 16081 FT LAUDERDALE FL 33311 PLANTATION FL 33318 2. Principal Place of Business . 3. Mailing Address 9897 NOBHILL LN. Suite, Apt. #, etc.

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☐ CHECK HERE IF MAKING CHANGES

Zip	Country	Zip	Country	FEI Number 65-0738626 Certificate of Status Desired	-#L	Not Applicable \$8.75 Additional
33351 6. N	lame and Address of Curr	ent Registered Agent		7. Name and Address of New F		Fee Required i Agent
U. 10		ent negistered Agent	Name		<i>o</i> \$ €	

VALMOND, JOSEPH S -1862 NW 38TH AVE FORT LAUDERDALE PL-93344

Street Address (P.O. Box Number is Not Acceptable)

** ---9897 NOBHILL N.

3.	3. 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. i	am familiar with,	and accep
	the obligations of registered agent.		
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Joseph Valmona

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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	9. Election Campaign Financing	_ \$5.00 мау Е
FILE NOW: FEE IS \$61.25	Trust Fund Contribution.	Added to Fees

Make Check Payable to Florida Department of State Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTOR	S IN 10
TITLE	P	☐ Delete	TITLE		☐ Char	ge 🔲 Addition
NAME	VALMOND, JOSEPH S		NAME			
STREET ADDRESS	1862 NW 38TH AVE		STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33311		CITY-ST-ZIP			
TITLE	8	☐ Delete	TITLE		☐ Char	ge 🔲 Addition
NAME	SYLVESTER, CECIL		NAME			
STREET ADDRESS	4675 NORTH STATE ROAD 7		STREET ADDRESS			
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319		CITY-ST-ZIP			
TITLE	T	☐ Delete	TITLE		☐ Chan	ge 🗌 Addition
NAME	SCANLAN, MICHELE		NAME			
STREET ADDRESS	9897 NOB HILL LANE	ب مينات الراب بالمستهد	STREET ADDRESS	+ 		
CITY-ST-ZIP	SUNRISE FL 33351		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Chan	ge 🔲 Addition
NAME	BOONE, RETHA		NAME			
STREET ADDRESS	15800 NW 42ND AVE		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33054		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Chan	ge 🔲 Addition
NAME	THOMAS, HILROY		NAME			
STREET ADDRESS	16400 NW 82ND AVE		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33054		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Chan	ge 🔲 Addition
NAME	JONG-EBOTY, WILLIAM		NAME			ĺ
STREET ADDRESS	1341 NW 77TH TERRACE		STREET ADDRESS			ļ
CITY-ST-ZIP	MIAMI FL 33169		CITY-ST-ZIP			ł

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 617, 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:

SIGNAVIKE REQUIRED

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