

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90070 005 ***150.00

DOCUMENT # P00000036207

1. Entity Name
NM VISUAL, INC.



Principal Place of Business
**1201 ELM ST
SUITE 2800
DALLAS, TX 75270**

Mailing Address
**1201 ELM ST
SUITE 2800
DALLAS, TX 75270**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3512432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SO. PINE ISLAND RD.
PLANTATION, FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, RICHARD A	
STREET ADDRESS	3 NEWTON EXECUTIVE PARK, STE 304	
CITY-ST-ZIP	NEWTON, MA 02462	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT A	
STREET ADDRESS	3 NEWTON EXECUTIVE PARK, STE 304	
CITY-ST-ZIP	NEWTON, MA 02462	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	BANGS, NELSON A	
STREET ADDRESS	1618 MAIN ST	
CITY-ST-ZIP	DALLAS, TX 75201	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	TANSKY, BURTON M	
STREET ADDRESS	1618 MAIN ST	
CITY-ST-ZIP	DALLAS, TX 75201	
TITLE	V	<input type="checkbox"/> Delete
NAME	SKINNER, JAMES E	
STREET ADDRESS	1618 MAIN ST	
CITY-ST-ZIP	DALLAS, TX 75201	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, W CRAIG	
STREET ADDRESS	1201 ELM ST, SUITE 2800	
CITY-ST-ZIP	DALLAS, TX 75270	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 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

CRAIG JOHNSON

Date

Daytime Phone #

3/5/03

214.757.2960

CR2E034 (10/02)