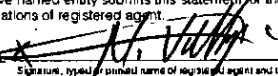
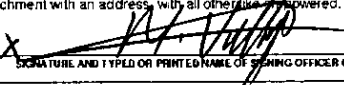


05-05-2003 90125 017 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

80109284

DOCUMENT # P02000005319		
1. Entity Name NNS ENTERPRISES, INC.		
Principal Place of Business 9950 NW 53RD CT CORAL SPRINGS, FL 33076		Mailing Address 9950 NW 53RD CT CORAL SPRINGS, FL 33076
2. Principal Place of Business 1759 E Commercial Blvd Suite, Apt. #, etc. 1759 City & State FL Lauderdale FL Zip 33334 Country USA		3. Mailing Address 1759 E Commercial Blvd Suite, Apt. #, etc. 1759 City & State FL Lauderdale FL Zip 33334 Country USA
☐ CHECK HERE IF MAKING CHANGES		4. FEI Number 01-0594524
5. Certificate of Status Desired ☐ - \$8.75 Additional Fee Required		Applied For ☐ Not Applicable
6. Name and Address of Current Registered Agent VALLYANI, NOOR 9950 NW 53RD CT CORAL SPRINGS, FL 33076		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:  DATE: 04-18-03 Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when substituting)		
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: P ☐ Delete NAME: VALLYANI, NOOR STREET ADDRESS: 9950 NW 53RD CITY-ST-ZIP: CORAL SPRINGS, FL 33076		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: ☐ Change ☐ 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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other filers empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034 (10/02)