


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2003 8:00 am
Secretary of State

04-28-2003 90544 003 ***150.00

DOCUMENT # P02000019730

1. Entity Name
NEXUS ENTERTAINMENT, INC.



Principal Place of Business
120 E. CONCORD ST.
ORLANDO FL 32801

Mailing Address
120 E. CONCORD ST.
ORLANDO FL 32801

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. EEI Number **37-1438802** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DRAVES, DONNA L ESQ.
120 E. CONCORD ST.
ORLANDO FL 32801

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **BEAME, DAVID I**
STREET ADDRESS **7412 TONGA CT.**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

Change Addition

TITLE **D** Delete
NAME **DRAVES, DONNA L**
STREET ADDRESS **120 E. CONCORD ST.**
CITY-ST-ZIP **ORLANDO FL 32801**

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

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 like empowered.

SIGNATURE: *David I. Beame* **David I. Beame** **4/24/03** **(607) 620-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)