

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

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90047 026 ***150.00

DOCUMENT # P02000039482	
1. Entity Name NIELSEN ENTERPRISES INC	

DO NOT WRITE IN THIS SPACE

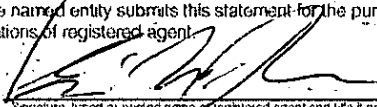
90100711

2. Principal Place of Business 3785 NW 82 AVE STE. 102 MIAMI, FL 33166		3. Mailing Address 3785 NW 82 AVE STE. 102 MIAMI, FL 33166	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0426139		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		7. Name and Address of Current Registered Agent	
DO NOT WRITE IN THIS SPACE		Name ERIK NIELSEN	
		Street Address (P.O. Box Number is Not Acceptable) 3785 NW 82 AVE STE. 102	
		City MIAMI	FL Zip Code 33166

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.

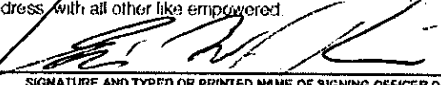
SIGNATURE  **DATE** 4/08/03

(NOTE: Registered Agent signature required when reappointing)

January 1 - May 1 Fee is: \$150.00 After May 1 Fee is: \$550.00 Amended UBR is: \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ERIK NIELSEN 3785 NW 82 AVE STE. 102 MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LOTTIE NIELSEN 3785 NW 82 AVE STE. 102 MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **DATE** 4/08/03 **Daytime Phone #** 770 806 885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)