2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 27, 2004 8:00 am
Secretary of State
09-27-2004 90003 025 ***150.00

DOCUMENT # P03000009057

1. Entity Name
NUBIA BROADCASTING SYSTEM INC.

Principal Place of Business	Mailing Address
201 HUNT STREET STE 314 CLERMONT FL 34711	201 HUNT STREET STE 314 CLERMONT FL 34711

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
201 HUNT ST STE 314	201 HUNT ST STE 314
Suite, Apt. #, etc.: 314	Suite, Apt. #, etc.: 314
City & State: Clermont FL	City & State: Clermont FL
Zip: 34711 Country: LAKE	Zip: 34711 Country: LAKE

4. FEI Number: 65-1177960 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLANUBI, DELE 201 HUNT STREET STE 314 CLERMONT FL 34711	Name: SAME 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: _____ 08/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OLANUBI, DELE 201 HUNT STREET STE 314 CLERMONT FL 34711	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD AKINBULUMO, ABUNBIKA A 201 HUNT STREET STE 314 CLERMONT FL 34711	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: _____ 08/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
14027469
#P03000009057

A.T.T. Examiner

Spoke to Rob on 8/4/05. Require that I send this notice with payment.
I sent electronic filling in April 21st. the filling was received but the payment was not Charged to my C.C.

Thanks
Dele Olawale.