


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90218 006 \*\*\*150.00

<b>DOCUMENT # P32270</b> 1. Entity Name NICKLAUS PRODUCTIONS, INC.	
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Principal Place of Business 11780 US HWY 1 STE 500 NORTH PALM BEACH, FL 33408	Mailing Address 11780 US HWY 1 STE 500 NORTH PALM BEACH, FL 33408
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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03282007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2384382	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAILE, SHAW & PFAFFENBERGER P.A. 660 U. S. HIGHWAY ONE 3RD FLOOR NORTH PALM BEACH, FL 33408
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD NICKLAUS, JACK W. 11780 U.S. HWY. ONE #500 N. PALM BEACH, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS WORMAN, PAT 11780 U.S. HWY. ONE #500 NORTH PALM BEACH, FL 33408 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOWDEN, KEN 56 HERMIT LANE WESTPORT, CT <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SHERMAN, DAVID G. 11780 U.S. HWY. ONE #500 N. PALM BEACH, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>See attached</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.
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SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-24-07 Date	361-227-0320 Daytime Phone #
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**GOLDEN BEAR INTERNATIONAL, INC.**

**DIRECTORS:**

Jack W. Nicklaus  
Jack W. Nicklaus II  
Steven C. Nicklaus

**OFFICERS:**

Chairman of  
President:  
Sr. V.P.:  
Sr. V.P.:  
Executive V.P.  
Vice President:  
Vice President:  
General Counsel:  
Secretary:  
Treasurer:  
Controller:

Jack W. Nicklaus  
Jack W. Nicklaus II  
Steven Nicklaus  
Timothy P. Kenny  
Thomas E. Severson  
James H. Schnare  
James H. Schnare  
Donna L. Doty  
Eleanor Costantino  
Eleanor Costantino

ATTACHMENT

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