

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000013083

Entity Name: N.B.C. LEISURE, INC.

FILED
Apr 26, 2009
Secretary of State

Current Principal Place of Business:

11077 S.W. 5 COURT #201
PEMBROKE PINES, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

C/O PAUL KOPROWSKI
10031 PINES BLVD, STE 224
PEMBROKE PINES, FL 33024 US

New Mailing Address:

FEI Number: 65-0390385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOPROWSKI, PAUL A CPA
10031 PINES BLVD. STE. 224
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JACOBS, BARRY L
Address: 11077 S.W. 5 COURT #201
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: V () Delete
Name: JACOBS, CLAUDIA
Address: 11077 S.W. 5 COURT #201
City-St-Zip: PEMBROKE PINES, FL 33025 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JACOBS, BARRY L
Address: 455 SCHUTT ROAD EXT. #215
City-St-Zip: MIDDLETOWN, NY 10940 US

Title: V (X) Change () Addition
Name: JACOBS, CLAUDIA
Address: 455 SCHUTT ROAD EXT. #215
City-St-Zip: MIDDLETOWN, NY 10940 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA JACOBS

V

04/26/2009

Electronic Signature of Signing Officer or Director

_____ Date