

2000 UNIFORM BUSINESS REPORT (UBR)

0405157

\$150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 13 PM 5:34

DOCUMENT # P94000001622

1. Entity Name

NEREUS AUDIO INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

1501 ROSEMERE
TAMPA FL 33609

4531 ROSEMERE
TAMPA FL 33609-4209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3221913

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KADOW, JOSEPH J.
550 NORTH REO ST.
SUITE 200
TAMPA FL 33609

Name

Joseph J. Kadow

Street Address (P.O. Box Number is Not Acceptable)

2202 North West Shore Boulevard

5th Floor

City

Tampa,

FL

Zip Code 33607

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPSD	<input type="checkbox"/> Delete
NAME	KADOW, JOSEPH J	
STREET ADDRESS	550 N. REO STREET, SUITE 200	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DUTY, MICHAEL	
STREET ADDRESS	550 N. REO STREET, SUITE 200	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MERRITT, ROBERT S	
STREET ADDRESS	550 N. REO STREET, SUITE 200	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADELMAN, ROGER PH.D.	
STREET ADDRESS	550 N. REO STREET, SUITE 200	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2202 N. West Shore Blvd., 5th Floor	
CITY-ST-ZIP	Tampa, Florida 33607	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2202 N. West Shore Blvd., 5th Floor	
CITY-ST-ZIP	Tampa, Florida 33607	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2202 N. West Shore Blvd., 5th Floor	
CITY-ST-ZIP	Tampa, Florida 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300003216813	
CITY-ST-ZIP	-04/20/00--01078--004	
	****441.25 ****150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/00

Date

813 222 1225

Daytime Phone #

CR2E034 (9/99)