FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000054082 (0)

1. Corporation Name

NOBLE COMMUNICATIONS CORP.

Principal Place of Business
1130 WASHINGTON AVENUE, 5TH FLOOR
MIAMI BEACH FL 33139

Mailing Address
1130 WASHINGTON AVENUE, 5TH FLOOR
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 07/21/1994

3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0516317 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

NATIONAL REGISTERED AGENTS, INC.
SUITE 200
501 BRICKELL KEY DRIVE
MIAMI FL 33131

10. **Name and Address of New Registered Agent**

81 Name: J. F. COMBS
82 Street Address (P.O. Box Number is Not Acceptable): 1130 WASHINGTON AVE, 5th FL
83
84 City: MIAMI BEACH FL 85 Zip Code 33139

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] J.F COMBS DATE 7-31-96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	COMBS, JEFFREY F	
STREET ADDRESS	1130 WASHINGTON AVENUE, 5TH FLOOR	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	☐ DELETE
NAME	MCAULIFFE, PAUL	
STREET ADDRESS	FIRST BOSTON, PARK AVENUE PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	☐ DELETE
NAME	DORAN, WILLIAM	
STREET ADDRESS	1221 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] J.F. COMBS 7-31-96 3056748004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)