

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91151 029 ***150.00

DOCUMENT # <u>P 94 0000 54082</u>			
1. Entity Name <u>NOBLECOM INC.</u>			
Principal Place of Business <u>301 OCEAN DRIVE #402</u> <u>MIAMI BEACH, FL 33139</u>		Mailing Address <u>301 OCEAN DRIVE #402</u> <u>MIAMI BEACH, FL 33139</u>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <u>COMBS, J.F.</u> <u>301 OCEAN DRIVE #402</u> <u>MIAMI BEACH, FL 33139</u>		7. Name and Address of New Registered Agent Name 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. SIGNATURE <u>J.F. Combs</u> <u>29-4-2002</u> Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing) DATE			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<u>D</u>	<u>COMBS, JEFFREY F</u>	<u>P</u>	<u>COMBS, JEFFREY F</u>
<u>1130 WASHINGTON AVENUE, 5TH FLOOR</u>	<u>MIAMI BEACH, FL 33139</u>	<u>301 OCEAN DRIVE #402</u>	<u>MIAMI BEACH, FL 33139</u>
<u>D</u>	<u>MC AULIFFE, PAUL</u>		
<u>FIRST BOSTON PARK AVENUE PLAZA</u>	<u>NEW YORK, NY</u>		
<u>D</u>	<u>DORAN, WILLIAM</u>		
<u>1221 AVE OF THE AMERICAS</u>	<u>NEW YORK, NY 10020</u>		
<u>C</u>	<u>COMBS, JAMES F</u>		
<u>301 OCEAN DR, 402</u>	<u>MIAMI BEACH, FL 33139</u>		
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: <u>J.F. Combs</u> <u>29-4-2002</u> <u>3056048900</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Distinguishing Number			

CR2E034 (11/00)