**FILED**
**Apr 30, 2004 08:00 AM**
**Secretary of State**

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000054082

1. Entity Name
NOBLECOM INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 301 OCEAN DR# 402<br>MIAMI BEACH, FL 33139 | 301 OCEAN DR# 402<br>MIAMI BEACH, FL 33139 |

DO NOT WRITE IN THIS SPACE

04232304 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0516317

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COMBS, J.F.
301 OCEAN DRIVE #402
MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

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 _____ DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

9. Florida Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | COMBS, JEFFREY F |
| STREET ADDRESS | 301 OCEAN DR #402 |
| CITY ST ZIP | MIAMI BEACH, FL 33139 |
| TITLE | D |
| NAME | MCAULIFFE, PAUL |
| STREET ADDRESS | FIRST BOSTON PARK AVENUE PLAZA |
| CITY ST ZIP | NEW YORK, NY |
| TITLE | D |
| NAME | DORAN, WILLIAM |
| STREET ADDRESS | 1221 AVE OF THE AMERICAS |
| CITY ST ZIP | NEW YORK, NY 10020 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

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05/03/04-80017-004 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J E Combs 04/12/04 305-538-3809
EXECUTIVE OFFICER'S OR AUTHORIZED AGENT'S SIGNATURE AND NAME OF PERSON AUTHORIZED TO SIGN (TYPED OR PRINTED) — DATE — DAYTIME TELEPHONE #