

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000054082**

1. Entity Name  
**NOBLECOM INC.**



Principal Place of Business  
**301 OCEAN DR #402  
MIAMI BEACH, FL 33139**

Mailing Address  
**301 OCEAN DR #402  
MIAMI BEACH, FL 33139**



05172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

U000000368707

05/31/05-80011-024 150.00  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**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	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/20/05 (505) 588-3809

Date

Daytime Phone #