

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103346

1. Entity Name

NEXWAVE ENTERTAINMENT, INC.

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90068 008 ***150.00

Principal Place of Business

665 SE 10TH STREET
SUITE 100
DEERFIELD BEACH FL 33441

Mailing Address

665 SE 10TH STREET
SUITE 100
DEERFIELD BEACH FL 33441

2. Principal Place of Business

3205 CANAL DRIVE

3. Mailing Address

P.O. Box 50588

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
POMPANO BEACH FL

City & State
LIGHTHOUSE POINT, FL

4. FEI Number 65-0801284

Applied For
Not Applicable

Zip
33062-3305

Country
BROWARD

Zip
33074-0588

Country
BROWARD

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

BUTLER, RICHARD L
665 SE 10TH STREET
SUITE 100
DEERFIELD BEACH FL 33441

Name
BRYAN P. OULTON

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

3205 CANAL DRIVE

City
POMPANO BEACH FL Zip Code
33062-3305

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 *Bryan P. Oulton*
Signature, typed or printed name of registered agent and title if applicable.

Bryan P. Oulton

4/3/01

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
BUTLER, RICHARD L.
4121 NW 7TH ST
COCONUT CREEK FL 33066 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
OULTON, ROBERT F.
3205 CANAL DR
POMPANO BEACH FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
OULTON, YVONNE M
3205 CANAL DR
POMPANO BEACH FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
OULTON, BRYAN P
3205 CANAL DR
POMPANO BEACH FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Robert F. Oulton* ROBERT F. OULTON VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-01 954-784-1599

Date

Daytime Phone #

CR2E034 (10/00)