

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000098380

1. Entity Name

NCT ACQUISITION CORP.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90029 023 ***150.00

Principal Place of Business

Mailing Address

222 W. COMSTOCK AVE., STE. 210
WINTER PARK FL 32789

222 W. COMSTOCK AVE., STE. 210
WINTER PARK FL 32789-4272

2. Principal Place of Business

222 S. Pennsylvania Ave.

Suite, Apt. #, etc.

Suite 200

City & State

Winter Park, FL

Zip

32789

Country

U.S.

3. Mailing Address

P.O. Box 2146

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32790

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3609045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLATMAN, ROBERT P
222 W. COMSTOCK AVE., STE. 210
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

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

222 S. Pennsylvania Ave.

Suite 200

City

Winter Park

FL

Zip Code
32789

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

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

(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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	VAUGHN, CHARLES	
STREET ADDRESS	41 MADISON AVE., 38TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/2000

(212) 532-3000

CR2E034 (9/99)