


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # S68447	
1. Entity Name NBN-OPH, INC.	

Principal Place of Business 500 E BROWARD BLVD. S-1950 FT. LAUDERDALE, FL 33394	Mailing Address 500 E BROWARD BLVD. S-1950 FT. LAUDERDALE, FL 33394
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DO NOT WRITE IN THIS SPACE

03042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0274461	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HAMAWAY, MICHAEL P
C/O MOMBACH, BOYLE & HARDIN PA
500 E BROWARD BLVD SUITE 1950
FT. LAUDERDALE, FL 33394

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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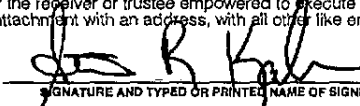
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAMELHAIR, STEVEN R. 7260 SW 7TH ST. PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEMEROFSKY, STEPHEN L. 6121 BANYON TERRACE PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLNICK, AUDIE M. 3497 DERBY LN WESTON, FL 33331
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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04/12/05-80026-017 150.00

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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:  **3/8/05 (984) 797-4924**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #