

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

08-16-2001 90001 033 ***158.75

DOCUMENT # **V50155**

1. Entity Name

NRC MEDIA CREATIONS, INC.

Principal Place of Business

Mailing Address

2500 N. Military Tr.
 Suite 480
 Boca Raton, FL 33431

2500 N. Military Trail
 Suite 480
 Boca Raton, FL 33431

2. Principal Place of Business

Same as above

3. Mailing Address

2 Central Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Newburgh, NY

4. FEI Number

65-0357351

Applied For

Not Applicable

Zip

Country

USA

Zip

12550

Country

USA

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

EMO Corporation Service
 c/o Rana Gorzeck
 100 N.E. 3rd Avenue
 Suite 1100
 Ft. Lauderdale, FL 33301

Name

BDB Agent Co.

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

2500 N. Military Trail

Suite 480

City

Boca Raton

FL

Zip Code

33431

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

Rana M. Gorzeck

Rana M. Gorzeck, Ass't Secretary

8/30/01

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	President	☐ Delete
NAME	Nancy Morgan	
STREET ADDRESS	2 Central Avenue	
CITY-ST-ZIP	Newburgh, NY 12550	
TITLE	Vice President	☐ Delete
NAME	Christopher Jackson	
STREET ADDRESS	6350 N.E. 20th Terrace	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE	Secretary	☐ Delete
NAME	Kean R. Risko	
STREET ADDRESS	2 Central Avenue	
CITY-ST-ZIP	Newburgh, NY 12550	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 information empowered.

SIGNATURE:

Kean R. Risko KEAN R. RISKO

Date

Daytime Phone #

CR2E034 (11/00)