

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000001332

**Entity Name:** NOVACOAST, INC.**Current Principal Place of Business:**1505 CHAPALA ST.  
SANTA BARBARA, CA 93101**Current Mailing Address:**1505 CHAPALA ST.  
SANTA BARBARA, CA 93101**FEI Number: 77-0443920****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title CHRM  
Name ANDERSON, PAUL  
Address 1505 CHAPALA STREET  
City-State-Zip: SANTA BARBARA CA 93101

Title P  
Name ANDERSON, PAUL  
Address 1505 CHAPALA STREET  
City-State-Zip: SANTA BARBARA CA 93101

Title SVP  
Name GRAY, ADAM  
Address 1505 CHAPALA STREET  
City-State-Zip: SANTA BARBARA CA 93101

Title VCHR  
Name GRAY, ADAM  
Address 1505 CHAPALA STREET  
City-State-Zip: SANTA BARBARA CA 93101

Title COO  
Name NEWLON, JANICE  
Address 1505 CHAPALA STREET  
City-State-Zip: SANTA BARBARA CA 93101

Title D  
Name ANDERSON, BETSY  
Address 1505 CHAPALA STREET  
City-State-Zip: SANTA BARBARA CA 93101

Title CFO  
Name LAUGHLIN, WILLIAM  
Address 1505 CHAPALA ST.  
City-State-Zip: SANTA BARBARA CA 93101

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JANICE NEWLON****C.O.O.****02/01/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date