

2000 UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90003 032 ***150.00

DOCUMENT # F94000000740

1. Entity Name

NASSAU COMMUNICATIONS, INCORPORATED

Principal Place of Business 13131 W CEDAR DR LAKEWOOD CO 80228 US		Mailing Address 13131 W CEDAR DR LAKEWOOD CO 80228-1923 US		 DO NOT WRITE IN THIS SPACE
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 84-1215596 <input type="checkbox"/> Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent	
		Name _____	
		Street Address (P.O. Box Number is Not Acceptable) _____	
		City _____	FL Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	NASSAU, BRUCE A	NAME	
STREET ADDRESS	14657 W. CEDAR AVE.	STREET ADDRESS	
CITY-ST-ZIP	GOLDEN CO	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	NASSAU, LURIE	NAME	
STREET ADDRESS	14657 W. CEDAR AVE.	STREET ADDRESS	
CITY-ST-ZIP	GOLDEN CO	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASSAU, LARRY	NAME	
STREET ADDRESS	2941 MACHEATH CRESCENT	STREET ADDRESS	
CITY-ST-ZIP	FLOSSMOOR IL	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	HAMILTON, DAVID	NAME	
STREET ADDRESS	8117 W. FROST PL.	STREET ADDRESS	
CITY-ST-ZIP	LITTLETON CO	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* **BRUCE A NASSAU** 1-18-00 303-987-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #