

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90273 016 ***150.00

DOCUMENT # F00000006704

1. Entity Name

TELEPHIA, INC.

Principal Place of Business

Mailing Address

**200 VALLEJO
 SAN FRANCISCO CA 94111**

**200 VALLEJO
 SAN FRANCISCO CA 94111**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

91-1911335

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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)

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	CEO	<input type="checkbox"/> Delete
NAME	FRANGIONE, TOM	
STREET ADDRESS	200 VALLEJO	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	PS	<input type="checkbox"/> Delete
NAME	OYLER, JOHN	
STREET ADDRESS	200 VALLEJO	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	CARMEDELLE, BRUCE	
STREET ADDRESS	200 VALLEJO	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATLACK, TOM	
STREET ADDRESS	200 VALLEJO	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONLEY, RAY	
STREET ADDRESS	200 VALLEJO	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, SCOTT	
STREET ADDRESS	200 VALLEJO	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT DAHNKE	
STREET ADDRESS	200 VALLEJO ST	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK ROBERTS	
STREET ADDRESS	200 VALLEJO ST	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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)(f), 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: Bruce Carmelle
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01 415 395-0500
 Date Daytime Phone #

CR2E034 (10/00)