

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000012

Entity Name: MAHI NETWORKS, INC.

FILED
Apr 14, 2005
Secretary of State

Current Principal Place of Business:

1039 N. MCDOWELL BL.
PETALUMA, CA 94954

New Principal Place of Business:

Current Mailing Address:

1039 N. MCDOWELL BL.
PETALUMA, CA 94954

New Mailing Address:

FEI Number: 94-3339496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: CADOGAN, BILL
Address: 10400 VIKING DR., STE. 550
City-St-Zip: MINNEAPOLIS, MN 55344

Title: D () Delete
Name: TERK, BEN
Address: 152 WEST 57TH ST., 23RD FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: D () Delete
Name: CARANO, BANDEL
Address: 525 UNIVERSITY AVE., STE. 1300
City-St-Zip: PALO ALTO, CA 94301

Title: PCEO () Delete
Name: RUST, CHRIS
Address: 1039 NORTH MCDOWELL BLVD.
City-St-Zip: PETALUMA, CA 94954

Title: ST () Delete
Name: BEYER, BILL
Address: 1039 N. MCDOWELL BL.
City-St-Zip: PETALUMA, CA 94954

Title: VP () Delete
Name: POPE, KEVIN
Address: 1039 N. MCDOWELL BL.
City-St-Zip: PETALUMA, CA 94954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BILL BEYER

ST

04/14/2005

Electronic Signature of Signing Officer or Director

_____ Date