
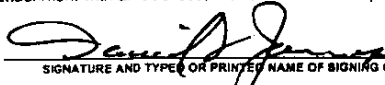


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90236 046 ***150.00

DOCUMENT # F03000003635					
1. Entity Name SBC INTERNET SERVICES, INC.					
Principal Place of Business 2623 CAMINO RAMON SAN RAMON, CA 94583		Mailing Address 1010 N. ST. MARY'S ROOM 9-Y-40 SAN ANTONIO, TX 78215			
2. Principal Place of Business		3. Mailing Address 175 E. Houston			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Room 8-H-60			
City & State		City & State San Antonio, TX		4. FEI Number 94-3225473	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		78205	USA		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASALI, LOUIS R		NAME	1701 Alma Dr.	
STREET ADDRESS	2623 CAMINO RAMON		STREET ADDRESS	Plano, TX 75075	
CITY-ST-ZIP	SAN RAMON, CA 94583		CITY-ST-ZIP		
TITLE	VS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAVANAUGH, MERRIE M		NAME		
STREET ADDRESS	1010 N. ST. MARYS		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO, TX 78215		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLUG, JONATHAN		NAME		
STREET ADDRESS	175 E. HOUSTON ST.		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO, TX 78205		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STANDARD, MICHAEL W		NAME		
STREET ADDRESS	1010 N. ST. MARYS		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO, TX 78215		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUCKELMAN, TOM		NAME	D/V Bonnie Gover	
STREET ADDRESS	175 E. HOUSTON ST.		STREET ADDRESS	175 E Houston St.	
CITY-ST-ZIP	SAN ANTONIO, TX 78205		CITY-ST-ZIP	San Antonio, TX 78205	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATTS, WAYNE		NAME		
STREET ADDRESS	175 E. HOUSTON		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO, TX 78205		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: 		Daniel V. James 4/21/06 (210) 351-3580			
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	