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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90213 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000004097**

1. Corporation Name
NETWORKS TELEPHONY CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2100 E. GRAND AVE.
 EL SEGUNDO CA 90245**

Mailing Address
**2100 E. GRAND AVE.
 EL SEGUNDO CA 90245**

3. Date Incorporated or Qualified
08/04/1997

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 **1320 E. FRANKLIN AVE**

4. FEI Number
95-4605406

Applied For
 Not Applicable

22. City & State
23 **EL SEGUNDO, CA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23. Zip - Country
24 **90245** **25** **USA**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERREN, WILLIAM	1.2 NAME	
STREET ADDRESS	121 7TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MANHATTAN BEACH CA 90266	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLAZO, JOSE	2.2 NAME	
STREET ADDRESS	2829 VIA LA SELVA	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALOS VERDES ESTATES CA 90274	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUM, MARTIN	3.2 NAME	
STREET ADDRESS	1502 AVENIDA DE APRISA	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAMARILLO CA 93010	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDMAN, MARTIN	4.2 NAME	
STREET ADDRESS	66 WIGMORE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON W1H OHQ	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAHON, LEON R	5.2 NAME	
STREET ADDRESS	66 WIGMORE ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON W1H OHQ	5.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	6.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBARO, ERNEST U	6.2 NAME	
STREET ADDRESS	66 WIGMORE ST.	6.3 STREET ADDRESS	6542 OCEAN CREST # C101
CITY-ST-ZIP	LONDON W1H OHQ	6.4 CITY-ST-ZIP	PALOS VERDES, CA 90275

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Perren (PRESIDENT) 4/16/99 310-563-3900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)