

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90369 004 ***150.00

0518941 AI

DOCUMENT # F97000006309

1. Entity Name
SONICBLUE INCORPORATED

Principal Place of Business Mailing Address
2801 MISSION COLLEGE BLVD. **2801 MISSION COLLEGE BLVD.**
SANTA CLARA CA 95052 **SANTA CLARA CA 95052**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2841 Mission College Blvd. **2841 Mission College Blvd.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Santa Clara, CA **Santa Clara, CA**

Zip Zip Country Country
95054 **95054** **USA** **USA**

4. FEI Number Applied For
77-0204341 Not Applicable

5. Certificate of Status Desired **\$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO POTASHNEYR, KEN 2841 MISSION COLLEGE BLVD SANTA CLARA CA 95054-1838	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLDT, TERRY N 2841 MISSION COLLEGE BLVD SANTA CLARA CA 95054-1838	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTARO, CARM 2841 MISSION COLLEGE BLVD SANTA CLARA CA 95054-1838	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, ROBERT 2841 MISSION COLLEGE BLVD SANTA CLARA CA 95054-1838	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO MCFARLAND, WILLIAM F 2841 MISSION COLLEGE BLVD SANTA CLARA CA 95054-1838	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRAITH, JAMES T 2841 MISSION COLLEGE BLVD SANTA CLARA CA 95054-1838	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	POTASHNER, KEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESBER JR, Edward M. 2841 Mission College Blvd. Santa Clara, CA 95054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO SMITH, MARCUS 2841 MISSION COLLEGE BLVD. Santa Clara CA 95054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Marcus Smith* Date: 5/1/02 Daytime Phone #: (408) 588-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)