

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


F99000004356

FILED

05 MAY 12 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66013612

DOCUMENT # F99000004356
1. Entity Name
360NETWORKS (USA) INC.



Principal Place of Business 867 COAL CREEK CIRCLE SUITE 160 LOUISVILLE, CO 80027 US	Mailing Address 867 COAL CREEK CIRCLE SUITE 160 LOUISVILLE, CO 80027 US
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DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 84-1496451	Applied For Not Applicable
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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

**DO NOT WRITE
IN THIS SPACE**

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 reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAFFEI, GREGORY 867 COAL CREEK CIRCLE STE 160 LOUISVILLE, CO 80027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDG SUMMERS, PATRICK 867 COAL CREEK CIRCLE STE 160 LOUISVILLE, CO 80027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP FRASENE, ROB 867 COAL CREEK CIRCLE, SUITE 160 LOUISVILLE, CO 80027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEEK, CLIFF 867 COAL CREEK CIRCLE, SUITE 160 LOUISVILLE, CO 80027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCS GENTEMANN, LIN 867 COAL CREEK CIRCLE STE 160 LOUISVILLE, CO 80027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPHR HART, JAYNE 867 COAL CREEK CIRCLE STE 160 LOUISVILLE, CO 80027

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05/26/05--01065--006 **150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patrick Summers* **4-26-05** **303-854-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #