


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90069 047 ***150.00

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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60003554



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01092006 Chg-P CR2E034 (11/05)

4. FEI Number 84-1496451	Applied For <input type="checkbox"/>
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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		FL	

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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAFFEI, GREGORY 867 COAL CREEK CIRCLE STE 160 LOUISVILLE, CO 80027	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Dir. Rob Frasene 867 Coal Creek Circle, Ste. 160 Louisville, CO 80027	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDG SUMMERS, PATRICK 867 COAL CREEK CIRCLE STE 160 LOUISVILLE, CO 80027	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Co-OC Gary Ray 867 Coal Creek Circle, Ste. 160 Louisville, CO 80027	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP FRASENE, ROB 867 COAL CREEK CIRCLE, SUITE 160 LOUISVILLE, CO 80027	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Co-OC Ron Gustafson 867 Coal Creek Circle, Ste. 160 Louisville, CO 80027	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEEK, CLIFF 867 COAL CREEK CIRCLE, SUITE 160 LOUISVILLE, CO 80027	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Chris Mueller 867 Coal Creek Circle, Ste. 160 Louisville, CO 80027	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCS GENTEMANN, LIN 867 COAL CREEK CIRCLE STE 160 LOUISVILLE, CO 80027	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Operations Liza Dennehy 867 Coal Creek Circle, Ste. 160 Louisville, CO 80027	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPHR HART, JAYNE 867 COAL CREEK CIRCLE STE 160 LOUISVILLE, CO 80027	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: Gary Ray Gary Ray VP Co-OC 1-17-06 303-354-5122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #