


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90115 043 \*\*\*\*50.00

**DOCUMENT # M01000001528**  
 1. Entity Name  
**NETWORK SERVICES, LLC**



Principal Place of Business  
**525 SOUTH DOUGLAS ST.  
 EL SEGUNDO, CA 90245**

Mailing Address  
**525 SOUTH DOUGLAS ST.  
 EL SEGUNDO, CA 90245**

**DO NOT WRITE IN THIS SPACE**



07062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>95-4518953</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

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

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, BRAD 525 S DOUGLAS ST EL SEGUNDO, CA 90245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BOWEN, SCOTT 525 S. DOUGLAS ST EL SEGUNDO, CA 90245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BUXBAUM, WILLIAM 525 S. DOUGLAS ST EL SEGUNDO, CA 90245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_ **7/22/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #