

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002952

FILED  
Jan 12, 2005  
Secretary of State

Entity Name: ENWISEN, INC.

## Current Principal Place of Business:

7250 REDWOOD BLVD.  
SUITE 109  
NOVATO, CA 94945

## New Principal Place of Business:

## Current Mailing Address:

7250 REDWOOD BLVD.  
SUITE 109  
NOVATO, CA 94945

## New Mailing Address:

FEI Number: 68-0393709

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WIERMAN, JOHN  
806 SILVER ROSE CT.  
LAKE MARY, FL 32746 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: HOOPS, ALAN  
Address: 1071 CAMELBACK ST., SUITE 111  
City-St-Zip: NEWPORT BEACH, CA 92660

Title: VC ( ) Delete  
Name: UEBERROTH, JOE  
Address: 1071 CAMELBACK ST., SUITE 111  
City-St-Zip: NEWPORT BEACH, CA 92660

Title: PD ( ) Delete  
Name: SMITH, WALTER  
Address: 7110 REDWOOD BLVD., STE C  
City-St-Zip: NOVATO, CA 94945

Title: S ( ) Delete  
Name: MAXON, BARRY  
Address: 7110 REDWOOD BLVD., STE C  
City-St-Zip: NOVATO, CA 94945

Title: D ( ) Delete  
Name: HAHN, JOHN  
Address: 50 CALIFORNIA ST  
City-St-Zip: SAN FRANCISCO, CA 94111

Title: D ( ) Delete  
Name: MATTHIES, KARL  
Address: 300 TAMAL PLAZA STE. 280  
City-St-Zip: CORTE MADERA, CA 94925

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER SMITH

PD

01/12/2005

Electronic Signature of Signing Officer or Director

Date