


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000006279

1. Entity Name
NETFLIX, INC.



Principal Place of Business
**970 UNIVERSITY AVENUE
 LOS GATOS, CA 95032**

Mailing Address
**970 UNIVERSITY AVENUE
 ATTN: LEGAL DEPT.
 LOS GATOS, CA 95032**



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
77-0467272

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331**

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

**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	DPCE HASTINGS, REED 970 UNIVERSITY AVENUE LOS GATOS, CA 95032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCFO MCCARTHY, W. BARRY JR. 970 UNIVERSITY AVENUE LOS GATOS, CA 95032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DILLON, THOMAS R 970 UNIVERSITY AVENUE LOS GATOS, CA 95032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KILGORE, LESLIE J 970 UNIVERSITY AVENUE LOS GATOS, CA 95032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTON, RICHARD N 13810 SE EASTGATE WAY, SUITE 400 BELLEVUE, WA 98008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOAG, JAY C 528 RAMONA STREET PALO ALTO, CA 94301

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000001246325
 02/28/05-800150-025 150.00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2-16-05**
Date

Daytime Phone #: _____
Daytime Phone #