

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006279

FILED
Apr 21, 2009
Secretary of State

Entity Name: NETFLIX, INC.

Current Principal Place of Business:

100 WINCHESTER CIRCLE
LOS GATOS, CA 95032

New Principal Place of Business:

Current Mailing Address:

100 WINCHESTER CIRCLE
LOS GATOS, CA 95032

New Mailing Address:

FEI Number: 77-0467272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: DPCE () Delete
Name: HASTINGS, REED
Address: 100 WINCHESTER CIRCLE
City-St-Zip: LOS GATOS, CA 95032

Title: CFO () Delete
Name: MCCARTHY, BARRY
Address: 100 WINCHESTER CIRCLE
City-St-Zip: LOS GATOS, CA 95032

Title: CMO () Delete
Name: KILGORE, LESLIE J
Address: 100 WINCHESTER CIRCLE
City-St-Zip: LOS GATOS, CA 95032

Title: D () Delete
Name: BARTON, RICHARD N
Address: 601 UNION ST., STE. 3730
City-St-Zip: SEATTLE, WA 98101

Title: D () Delete
Name: HOAG, JAY C
Address: 528 RAMONA STREET
City-St-Zip: PALO ALTO, CA 94301

Title: S () Delete
Name: HYMAN, DAVID
Address: 100 WINCHESTER CIRCLE
City-St-Zip: LOS GATOS, CA 95032

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 exemption stated 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 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: REED HASTINGS

_____ Electronic Signature of Signing Officer or Director

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04/21/2009

_____ Date