## 2005 FOR PROFIT CORPORATION

## ANNUAL REPORT

## **DOCUMENT # F00000000870**



**FILED** Apr 05, 2005 8:00 am Secretary of State 04-05-2005 90041 036 \*\*\*150.00

NETIFICE COMMUNICATIONS INC.										
Principal Place of Business 6075 THE CORNERS PARKWAY SUITE 200 NORCROSS, GA 30092		Mailing Address 555 ANTON BLVD CASTLE NESA COSTA MESA, CA 92626					• **			
2. Principal Place of Business 135 Technology Blvd. Suite 200		3. Mailing Address 355 An Ion Blood 3.								
Suite, Apt, #, etc. Suite 200		Suite, Apt. #, etc. Sui te 600			01102005	Chg-P	CR2E03	4 (10/03)		
City & State NOTC FOSS & A.		City & State Costa Mesa, Ca.			4. FEI Number 76-0448278			Applied For Not Applicable		
Zip 3 109-2 Country 6 Wine the		Zip 92426	Country - Orange -			of Status Desired	<u></u>	8.75 Add ee.Requires		
6. Name and Address of Current Registered Agent					7. Name and	Address of New R	legistered Ag	gent		
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301				Name  Street Address (P.O. Box Number is Not Acceptable)						
•			City				FL	Zip Code	•	
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					hen reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Fire Trust Fund Contribution					May Be I to Fees	•	-			
10. OFFICERS AND DI		ECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND (	DIRECTORS	3 IN 11	
TITLE PCEO NAME SCHILLING, S STREET ADDRESS 6075 THE CO.							<del></del>	☐ Change	☐ Addition	
			TITLE NAME STREET ADDRESS CITY-ST-ZIP	GT-C	rt Bicksl Anton Blv Mila, G	d. Suite and		Change	Addition	
NAME SEIGEL, JOHN STREET ADDRESS 201 NORTH UNION STREET, STE 300 S			TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
l l .	JEVON, ROB 30 ROWES WARF BOSTON, MA 02110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	303 Sho	pasos Hobaut A ct Hals, 1	ve- 13. no78		☐ Change	<b>∠</b> Addition	
STREET ADDRESS 1001 BRICKE	SCHWARTZ, BRIAN			Robe	tor nt Sheva iwes Whak on, Ma. C	un F		☐ Change	Addition	
TITLE  NAME  O'CONNELL,  STREET ADDRESS  CITY-ST-ZIP  NEW YORK, N	ON AVE, 16TH FLOOI	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		* * * * *		Change	Addition	

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 supplies effect export 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 precision 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 as address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

714 327 2075

Date