

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000870

FILED  
Apr 03, 2008  
Secretary of State

Entity Name: MEGAPATH INC.

## Current Principal Place of Business:

135 TECHNOLOGY BLVD  
SUITE 200  
NORCROSS, GA 30092

## New Principal Place of Business:

## Current Mailing Address:

555 ANTON BLVD S  
SUITE 200  
COSTA MESA, CA 92626

## New Mailing Address:

555 ANTON BLVD  
SUITE 200  
COSTA MESA, CA 92626

FEI Number: 76-0448278

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: PCEO ( ) Delete  
Name: CRAGG, JIM  
Address: 555 ANTON BLVD, SUITE 200  
City-St-Zip: COSTA MESA, CA 92626

Title: CFO ( ) Delete  
Name: MILLEY, PAUL  
Address: 5667 GIBRALTAR DRIVE  
City-St-Zip: PLEASANTON, CA 94588

Title: CEO ( ) Delete  
Name: YOUNG, CRAIG  
Address: 555 ANTON BLVD, STE 200  
City-St-Zip: COSTA MESA, CA 92626

Title: SVPG ( ) Delete  
Name: CHISHOLM, STEVE  
Address: 555 ANTON BLVD, STE 200  
City-St-Zip: COSTA MESA, CA 92626

Title: D ( ) Delete  
Name: BESTHOFF, SKIP  
Address: 152 W 57TH, 23RD FL  
City-St-Zip: NEW YORK, NY 10019

Title: D ( ) Delete  
Name: CHISHOLM, PAUL  
Address: 3975 FAIRBRIDGE DRIVE, SUITE 200 SOUTH  
City-St-Zip: FAIRFAX, VA 22033

## 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: STEVE CHISHOLM

SVP

04/03/2008

Electronic Signature of Signing Officer or Director

Date