

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001561

1. Entity Name
YIPES TRANSMISSION, INC.

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90072 038 ***150.00

Principal Place of Business
114 SANSOME STREET, SUITE 900
SAN FRANCISCO CA 94104

Mailing Address
114 SANSOME STREET, SUITE 900
SAN FRANCISCO CA 94104

905722



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	94-3355478	Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEO	TITLE	
NAME	PARRICK, GERALD	NAME	
STREET ADDRESS	114 SANSOME STREET, SUITE 900	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	CITY-ST-ZIP	
TITLE	VTS	TITLE	
NAME	ROBLES, FRANK	NAME	
STREET ADDRESS	114 SANSOME STREET, SUITE 900	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	CITY-ST-ZIP	
TITLE	VAS	TITLE	
NAME	MOORE, STANLEY J	NAME	
STREET ADDRESS	114 SANSOME STREET, SUITE 900	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	KAMINSKI, PETER	NAME	
STREET ADDRESS	114 SANSOME STREET, SUITE 900	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	FISHER, REX	NAME	
STREET ADDRESS	114 SANSOME STREET, SUITE 900	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	SISTANIZADEH, KARMAN DR.	NAME	
STREET ADDRESS	114 SANSOME STREET, SUITE 900	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address with an other title empowered.

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

Jan 16, 2001 415-901-2000
Date Daytime Phone #

CR2E034 (10/00)