

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2007 08:00 AM
Secretary of State

DOCUMENT # F00000003265

1. Entity Name
NETWORK TELEPHONE SERVICES, INC.



Principal Place of Business
**21135 ERWIN STREET
WOODLAND HILLS, CA 91367**

Mailing Address
**21135 ERWIN STREET
WOODLAND HILLS, CA 91367**

DO NOT WRITE IN THIS SPACE



07102007 No Chg-P CR2E034 (11/05)

4. FEI Number 95-4188939	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**

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

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CCEO
NAME	PRESTON, JOSEPH D
STREET ADDRESS	21135 ERWIN STREET
CITY-ST-ZIP	WOODLAND HILLS, CA 91367

TITLE	PCOO
NAME	PASSON, GARY L
STREET ADDRESS	21135 ERWIN STREET
CITY-ST-ZIP	WOODLAND HILLS, CA 91367

TITLE	S
NAME	TANNER, MARLENE
STREET ADDRESS	21135 ERWIN STREET
CITY-ST-ZIP	WOODLAND HILLS, CA 91367

TITLE	VB
NAME	LEGAL AFFAIRS
STREET ADDRESS	21135 ERWIN STREET
CITY-ST-ZIP	WOODLAND HILLS, CA 91367

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

William E. ...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/07
Date

818-9924300
Daytime Phone #