

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90066 007 \*\*\*150.00

0197179 AV

**DOCUMENT # F00000005345**

1. Entity Name

**PULSAR TECHNOLOGIES & NETWORKS, INC.**

Principal Place of Business

C/O CORPORATION SERVICE COMPANY  
5200 BLUE LAGOON DR STE 100  
MIAMI FL 33176

Mailing Address

C/O CORPORATION SERVICE COMPANY  
5200 BLUE LAGOON DR STE 100  
MIAMI FL 33176**80037944**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**303 Twin Dolphin Drive**

3. Mailing Address

**303 Twin Dolphin Drive**

Suite, Apt. #, etc.

**Suite 600**

Suite, Apt. #, etc.

**Suite 600**

City &amp; State

**Redwood City, CA**

City &amp; State

**Redwood City, CA**

Zip

**94068**

Country

**USA**

Zip

**94068**

Country

**USA**

4. FEI Number

**52-2267842**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(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) ☐**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**PARGA, JOSE L**  
**200 S. BISCAYNE BLVD.**  
**MIAMI FL 33131**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD**  
**SANCHEZ, ANTONIO**  
**200 S. BISCAYNE BLVD.**  
**MIAMI FL 33131**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**RUIZ, JOSE M**  
**200 S. BISCAYNE BLVD.**  
**MIAMI FL 33131**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 all other like empowered.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/15/02 (415) 595 4005

CR2E034 (9/01)