

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90337 003 ***150.00

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1. Entity Name
GOBEAM SERVICES, INC.

Principal Place of Business: 2001 CROW CANYON RD, STE 150, SAN RAMON, CA 94583
 Mailing Address: 260 N WOLFE RD, SAC, SUNNYVALE, CA 90486

24047348



2. Principal Place of Business: 5050 Hopyard Rd, Ste 350, Pleasanton, CA 94588, USA
 3. Mailing Address: Same, Sunnyvale, CA 90486

04142004 Chg-P CR2E034 (10/03)

4. FEI Number: 94-3365126
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TCS CORPORATE SERVICES, INC.
 103 N. MERIDIAN STREET
 TALLAHASSEE, FL 32301-0000

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE: PTD NAME: STEVENSON, ROBERT S STREET ADDRESS: 260 N WOLFE RD CITY-ST-ZIP: SUNNYVALE, CA 94086	<input type="checkbox"/> Delete
TITLE: VD NAME: STERN, JEFF EXEC VP STREET ADDRESS: 260 N WOLFE RD CITY-ST-ZIP: SUNNYVALE, CA 97086	<input type="checkbox"/> Delete
TITLE: S NAME: MCMAHON, NANCY SEC STREET ADDRESS: 2001 CROW CANYON RD, STE 150 CITY-ST-ZIP: SAN REMO, CA	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: Chairman NAME: Rob Stevenson STREET ADDRESS: 5050 Hopyard Rd #350 CITY-ST-ZIP: Pleasanton, CA 94588	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: 5050 Hopyard Rd #350 CITY-ST-ZIP: Pleasanton, CA 94588	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Secretary NAME: Terry Murphy STREET ADDRESS: 5050 Hopyard Rd #350 CITY-ST-ZIP: Pleasanton, CA 94588	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: President NAME: Bill Jarvis STREET ADDRESS: 5050 Hopyard Rd #350 CITY-ST-ZIP: Pleasanton, CA 94588	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Terry Murphy 4/15/04 708-850-6277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #