

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90070 018 ***150.00

DOCUMENT # F00000006704

1. Entity Name

TELEPHIA, INC.



Principal Place of Business

101 GREEN ST
SAN FRANCISCO CA 94111

Mailing Address

101 GREEN ST
SAN FRANCISCO CA 94111

2. Principal Place of Business

101 Green St

3. Mailing Address

101 Green St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

San Francisco CA

City & State

San Francisco CA

Zip

94111

Country

USA

Zip

94111

Country

USA

4. FEI Number

91-1911335

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	EV	<input type="checkbox"/> Delete
NAME	FRANGIONE, TOM	
STREET ADDRESS	101 GREEN ST	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	MULLAGH, MICHAEL	
STREET ADDRESS	101 GREEN ST	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	CRTS	<input type="checkbox"/> Delete
NAME	SCHIMDT, MICHAEL	
STREET ADDRESS	101 GREEN ST	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATLACK, TOM	
STREET ADDRESS	NEWBURY ST	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONLEY, RAY	
STREET ADDRESS	2460 SAND HILL RD	
CITY-ST-ZIP	MENLO PARK CA 94025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/04 415 395 0500