

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 A
Secretary of State

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



03222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 91-1911335	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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
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 _____

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CONT
NAME	MURARO, LEON
STREET ADDRESS	101 GREEN ST
CITY-ST-ZIP	SAN FRANCISCO, CA 94111

TITLE	C
NAME	ROBERTS, JACK
STREET ADDRESS	101 GREEN ST
CITY-ST-ZIP	SAN FRANCISCO, CA 94111

TITLE	CFO
NAME	WANDREY, JAMES
STREET ADDRESS	101 GREEN ST
CITY-ST-ZIP	SAN FRANCISCO, CA 94111

TITLE	PCEO
NAME	GORMAN, SIDNEY
STREET ADDRESS	101 GREEN ST
CITY-ST-ZIP	SAN FRANCISCO, CA 94111

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/07-80036-007 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leon Muraro

3-22-07

(415)395-0500

Date

Daytime Phone #