

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005783

FILED
Jul 12, 2004
Secretary of State

Entity Name: ITS NETWORK SERVICES INC.

Current Principal Place of Business:

575 E. LOCUST AVE., STE 201
SUITE 300
FRESNO, CA 93720 US

New Principal Place of Business:

575 E. LOCUST AVE.
SUITE 201
FRESNO, CA 93720 US

Current Mailing Address:

575 E. LOCUST AVE., STE 201
SUITE 300
FRESNO, CA 93720 US

New Mailing Address:

2912 LAKESIDE DRIVE
OKLAHOMA CITY, OK 73120 US

FEI Number: 88-0472706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JACOBS, E R
Address: 575 E. LOCUST AVE., STE 201
City-St-Zip: FRESNO, CA 93720

Title: SD () Delete
Name: SOONG, ALEX
Address: 575 E. LOCUST AVE., STE 201
City-St-Zip: FRESNO, CA 93720

Title: D () Delete
Name: WONG, CALVIN
Address: 575 E. LOCUST AVE., STE 201
City-St-Zip: FRESNO, CA 93720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JACOBS, EDWARD R
Address: 575 E. LOCUST AVE., STE 201
City-St-Zip: FRESNO, CA 93720

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD R JACOBS

PD

07/12/2004

Electronic Signature of Signing Officer or Director

Date