

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90442 030 ***150.00

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1. Entity Name

NTN WIRELESS COMMUNICATIONS, INC.



Principal Place of Business

5966 LAPLACE COURT, #100
CARLSBAD CA 92008

Mailing Address

5966 LAPLACE COURT, #100
CARLSBAD CA 92008



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

33-0996795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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, 2006 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	P	<input checked="" type="checkbox"/> Delete
NAME	DE GORTER, MARK	
STREET ADDRESS	5966 LA PLACE COURT, #100	
CITY-ST-ZIP	CARLSBAD CA 92008	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MILES, KATHY	
STREET ADDRESS	5966 LAPLACE COURT, #100	
CITY-ST-ZIP	CARLSBAD CA 92008	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FRAKES, JIM	
STREET ADDRESS	5966 LAPLACE COURT, #100	
CITY-ST-ZIP	CARLSBAD CA 92008	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO / PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAN KINLEY	
STREET ADDRESS	5966 LA PLACE COURT, SUITE 100	
CITY-ST-ZIP	CARLSBAD, CA 92008	
TITLE	ADD TREASURER / SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDY WROBEL	
STREET ADDRESS	5966 LA PLACE COURT, SUITE 100	
CITY-ST-ZIP	CARLSBAD, CA 92008	
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 exemptions contained in Section 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

4/11/06 760 929 5255
Date Daytime Phone #