

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90082 005 ***150.00

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1. Entity Name

NTN WIRELESS COMMUNICATIONS, INC.



Principal Place of Business

5966 LAPLACE COURT, #100
CARLSBAD CA 92008

1400 NORTHBROOK PKWY, #320
SUWANEE, GA 30024

Mailing Address

5966 LAPLACE COURT, #100
CARLSBAD CA 92008



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 33-0996795

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	CEOP	<input checked="" type="checkbox"/> Delete
NAME	KINSLEY, STAN	
STREET ADDRESS	5966 LA PLACE COURT SUITE 100	
CITY, ST, ZIP	CARLSBAD CA 92-008\	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WROBEL, ANDY	
STREET ADDRESS	5966 LA PLACE COVER SUITE 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	CEOP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARIO SANTANA	
STREET ADDRESS	5966 LA PLACE Ct. #100	
CITY, ST, ZIP	CARLSBAD CA 92008	
TITLE	CEO/SEC/OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KINARA BERGER	
STREET ADDRESS	5966 LA PLACE Ct. #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

2/21/07 (760) 929-5255