

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90204 001 \*\*\*150.00

**DOCUMENT # F02000003356**

1. Entity Name

**YIPES ENTERPRISE SERVICES, INC.**



Principal Place of Business

**114 SANSOME STREET  
14TH FLOOR  
SAN FRANCISCO CA 94104**

Mailing Address

**114 SANSOME STREET  
14TH FLOOR  
SAN FRANCISCO CA 94104**

**94070300**



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**01-0704547**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete  
NAME **HAQUE, PROMOD**  
STREET ADDRESS **114 SANSOME STREET -**  
CITY-ST-ZIP **SAN FRANCISCO CA 94104**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VS** ☒ Delete  
NAME **BERCOVICH, LARRY**  
STREET ADDRESS **114 SANSOME STREET**  
CITY-ST-ZIP **SAN FRANCISCO CA 94104**

TITLE **CTO** ☐ Change ☒ Addition  
NAME **Kamran Sistani Zadeh**  
STREET ADDRESS **114 Sansome Street 14th floor**  
CITY-ST-ZIP **SF CA 94104**

TITLE **PD** ☒ Delete  
NAME **MOSE, DENNIS**  
STREET ADDRESS **114 SANDMOA STREET**  
CITY-ST-ZIP **SAN FRANCISCO CA 94104**

TITLE **CEO** ☐ Change ☒ Addition  
NAME **John Peters**  
STREET ADDRESS **114 Sansome Street 14th floor**  
CITY-ST-ZIP **SF CA 94104**

TITLE **VT** ☒ Delete  
NAME **JOHNSON, KURT**  
STREET ADDRESS **114 SANOOME STREET-**  
CITY-ST-ZIP **SAN FRANCISCO CA 94104**

TITLE **Director - Board** ☐ Change ☒ Addition  
NAME **Shahan Sogihikian**  
STREET ADDRESS **114 Sansome Street 14th floor**  
CITY-ST-ZIP **SF CA 94104**

TITLE **V** ☒ Delete  
NAME **MASON, TIM**  
STREET ADDRESS **114 SANSOME STREET**  
CITY-ST-ZIP **SAN FRANCISCO CA 94104**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **GEESLIN, KEITH**  
STREET ADDRESS **114 SANSOME STREET**  
CITY-ST-ZIP **SAN FRANCISCO CA 94104**

TITLE ☐ Change ☐ 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:**

*John Peters*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04 915/901-2137

Date

Daytime Phone #