

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90206 036 ***150.00

DOCUMENT # F02000004137

1. Entity Name
CABLE & WIRELESS INTERNET SERVICES, INC.



Principal Place of Business
45 FREMONT STREET, 12TH FLOOR
SAN FRANCISCO CA 94105

Mailing Address
4650 OLD IRONSIDES
SANTA CLARA CA 95054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 68-0322824

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **CUNNINGHAM, SIMON**
STREET ADDRESS **45 FREMONT STREET, 12TH FLOOR**
CITY-ST-ZIP **SAN FRANCISCO CA 94105**

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

TITLE **AT** ☐ Delete
NAME **MERKEL, ROBERT**
STREET ADDRESS **8219 LEESBURG PIKE**
CITY-ST-ZIP **VIENNA VA 22182**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **11700 Plaza America Drive**
CITY-ST-ZIP **Reston, VA 20190**

TITLE **S** ☐ Delete
NAME **WALLMAN, KINGSLEY**
STREET ADDRESS **45 FREMONT STREET, 12TH FLOOR**
CITY-ST-ZIP **SAN FRANCISCO CA 94105**

TITLE ☒ Change ☐ Addition
NAME **D/S**
STREET ADDRESS
CITY-ST-ZIP

TITLE **CFO** ☐ Delete
NAME **GINN, WILLIAM**
STREET ADDRESS **4650 OLD IRONSIDES**
CITY-ST-ZIP **SANTA CLARA CA 95054**

TITLE ☒ Change ☐ Addition
NAME **D/CFO**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **ALBINSON, CHRIS**
STREET ADDRESS **45 FREMONT STREET, 12TH FLOOR**
CITY-ST-ZIP **SAN FRANCISCO CA 94105**

TITLE ☐ Change ☒ Addition
NAME **Jim Pitchford**
STREET ADDRESS **45 Fremont St., 12th Floor**
CITY-ST-ZIP **San Francisco, CA 94105**

TITLE **D** ☒ Delete
NAME **LASKY, HOWARD**
STREET ADDRESS **45 FREMONT STREET, 12TH FLOOR**
CITY-ST-ZIP **SAN FRANCISCO CA 94105**

TITLE ☐ Change ☒ Addition
NAME **Roy Polley**
STREET ADDRESS **45 Fremont St., 12th Floor**
CITY-ST-ZIP **San Francisco, CA 94105**

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: **Kingsley Wallman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 (408) 346-2200
Date Daytime Phone #

CR2E034 (10/02)