2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2004 8:00 am Secretary of State

05-04-2004 90130 039 ***150.00

DOCUMENT # F02000005354 1. Entity Name APPSHOP, INC.						34 0	04106	1.	50.00
Principal Place of Business Mailing Address							-		
48089 FREMONT BLVD. 48089 FREMONT BLV FREMONT, CA 94538 FREMONT, CA 94538).		 	nda kindi fo lki bndi fo	** 	N/RDI () INGI	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	04162004	Chg-P	CR2E034 (10/03)	
City & State		City & State			4. FEI Number 77-0533		oplied For ot Applicable		
Zip	Country	Zip	Coun	try	¬	5. Certificate of		\$8.75 Add	ditional ed
6. Name and Address of Current Registered Agent				1		7. Name and A	ddress of New R	legistered Agent	
O T CORPORATION OVETEN				Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street A	Street Address (P.O. Box Number is Not Acceptable)				
				City	City			□ Zip Cod	le .
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 bite if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10,	OFFICERS AND	DIRECTORS	11.		1757			ICERS AND DIRECTOR	
TITLE	CEO · Delete			TITLE Chai		man of the Reyes	a barre	☐ Change	Addition
NAME STREET ADDRESS	ABRAMSON, LARRY 48089 FREMONT BLVD.			NAME GREGIES 4808		Fremont	Blide		
CITY-ST-ZIP	FREMONT, CA 94538					nents CAL			
TITLE	S Delete		TITLE	TITLE		IRMIT (111	147.50	Change	Addition
NAME	O'CONNOR, MARK		1	NAME					
STREET AODRESS	48089 FREMONT BLVD.		STRE	STREET ADDRESS					
CITY-ST-ZIP	FREMONT, CA 94538		CITY	CITY-ST-ZIP					
-TITLE	D-	☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS	KULASKAREN, RAVI 48089 FREMONT BLVD.		NAMI STRE	E et adoress					
CITY-ST-ZIP	FREMONT, CA 94538	,	1	-ST-ZIP					
TITLE	D	☐ Delete	TITLE		Tem	purary Direce	tv	☐ Change	Addition
NAME	PRAHKID, PRASHANA		1	NAME M		. DN. Ha	NSH	, •	_
STREET ADDRESS	48089 FREMONT BLVD.			STREET ADDRESS 4609		59 transm	t Blud		
CITY-ST-ZIP	FREMONT, CA 94538		CITY			watick, 94	(538		
TITLE	D Delete		TITLE		1			Change	Addition
NAME CORET ADDRESS	MANDAL, SHEKHAR ARORO EDEMONT BLVD		NAM	e Et address					ľ
STREET ADDRESS CITY-ST-ZIP	48089 FREMONT BLVD. FREMONT, CA 94538			-ST-ZIP	}				l
TITLE	D	☐ Delete	TITLE		 			☐ Change	Addition
NAME	MILLER, J. SANDFORD	La Delete	NAM		1			3	
STREET ADDRESS	48089 FREMONT BLVD.			et address					
CITY-ST-ZIP	FREMONT, CA 94538		_1	-ST-ZIP	<u> </u>				
12. Thereby o	ertify that the information supplied with	n this filing does not qualify for	the exe	mption sta	ted in Se	ction 119.07(3)(i),	Florida Statutes. I	I turther certify that the ii	ntermation

12. I hereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Former certify that the information indicated on this report or suppliemental apport 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 receiper or judgite 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 without a specific production.

SIGNATURE:

NO TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

April 20, 2004

510 - 353-2900 Daytime Phone #