

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2003 8:00 am**  
**Secretary of State**

08-21-2003 90111 023 \*\*\*150.00

0148352 AB

**DOCUMENT # F02000005354**

1. Entity Name  
**APPSHOP, INC.**



Principal Place of Business  
**48089 FREMONT BLVD.  
FREMONT CA 94538**

Mailing Address  
**48089 FREMONT BLVD.  
FREMONT CA 94538**



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 **77-0533677**

Applied For  
Not Applicable

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEO KULASEKARAN, RAVI 48089 FREMONT BLVD. FREMONT CA 94538</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PRAHLAD, PRASHANTH 48089 FREMONT BLVD. FREMONT CA 94538</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAHLES, SHANDA 48089 FREMONT BLVD. FREMONT CA 94538</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARLISLE, DOUGLAS 48089 FREMONT BLVD. FREMONT CA 94538</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MANDAL, SHEKHAR 48089 FREMONT BLVD. FREMONT CA 94538</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MILLER, J. SANDFORD 48089 FREMONT BLVD. FREMONT CA 94538</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO Larry Abramson 48089 Fremont Blvd Fremont CA, 94538</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Mark O'Connor 48089 Fremont Blvd Fremont, CA, 94538</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Ravi Kulasekaran 48089 Fremont Blvd Fremont, CA, 94538</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Asst Director Prashanth Prahlad 48089 Fremont Blvd Fremont, CA, 94538</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** LARRY ABRAMSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/18/03 510-353-2969**

Date Daytime Phone #

CR2E034 (4/03)

Attachment  
80139678

48089 Fremont Blvd. Fremont, California 94538 510.353.2900 MAIN 510.252.0263 FAX www.appshop.com



APPSHOP™  
It's all about service™

August 18, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL  
32302-1500

Document # F0200005354  
Appshop, Inc.

To Whom It May Concern:

Appshop, Inc. has recently received a notice from you indicating that we were delinquent in filing of the Florida Corporate Tax return.

I sincerely apologize for being late; however we have never received the original filing notification and were therefore not aware of the original filing deadline. Since this is the first time that we have filed a return late with the State of Florida, I am requesting that you waive the \$500 penalty that we have been charged.

Thanks in advance for your cooperation.

Kind regards,

Larry Abramson,  
C.E.O.  
Appshop, Inc.