## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000005942

Entity Name: PERISCOPE HOLDINGS, INC.

FILED Jul 02, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
319 CONGRESS AVENUE, SUITE 200 AUSTIN, TX 78701				
Current Mailing Address:			New Mailing Address:	
319 CONGRESS AVENUE, SUITE 200 AUSTIN, TX 78701				
FEI Number: 74-2995705 FEI Number Applied For ( )		FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US				
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.				
SIGNATURE:				
Electronic Signature of Registered Agent Date				
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	UTLEY, BRIAN	Delete S AVENUE, SUITE 200 701	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	WALTERS, JOH	S AVENUE, SUITE 200	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	UTLEY, ROBER	HWEST HWY #601	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () BAXTER, KEITH 2661 BEACH R WATSONVILLE	H OAD, #57	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	DAVIS, TOM	Delete T COURT, SUITE 475 5201	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	WARE, JOHN	Delete T COURT, SUITE 1600 5201	Title: Name: Address: City-St-Zip:	() Change () Addition
I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

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SIGNATURE: PATRICIA STUTZ

Electronic Signature of Signing Officer or Director

above, or on an attachment with an address, with all other like empowered.

07/02/2007 Date