

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000006279

1. Entity Name
NETFLIX, INC.



Principal Place of Business

**970 UNIVERSITY AVENUE
LOS GATOS, CA 95032**

Mailing Address

**970 UNIVERSITY AVENUE
ATTN: LEGAL DEPT.
LOS GATOS, CA 95032**



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

77-0467272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPCE
NAME	HASTINGS, REED
STREET ADDRESS	970 UNIVERSITY AVENUE
CITY-ST-ZIP	LOS GATOS, CA 95032
TITLE	SCFO
NAME	MCCARTHY, W. BARRY JR.
STREET ADDRESS	970 UNIVERSITY AVENUE
CITY-ST-ZIP	LOS GATOS, CA 95032
TITLE	V
NAME	DILLON, THOMAS R
STREET ADDRESS	970 UNIVERSITY AVENUE
CITY-ST-ZIP	LOS GATOS, CA 95032
TITLE	V
NAME	KILGORE, LESLIE J
STREET ADDRESS	970 UNIVERSITY AVENUE
CITY-ST-ZIP	LOS GATOS, CA 95032
TITLE	D
NAME	BARTON, RICHARD N
STREET ADDRESS	13810 SE EASTGATE WAY, SUITE 400
CITY-ST-ZIP	BELLEVUE, WA 98008
TITLE	D
NAME	HOAG, JAY C
STREET ADDRESS	528 RAMONA STREET
CITY-ST-ZIP	PALO ALTO, CA 94301

000001246325
02/28/05-800650-025 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #