

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000001480

1. Entity Name
TELESTREAM, INC.



Principal Place of Business
**848 GOLD FLAT ROAD, SUITE 1
NEVADA CITY, CA 95959**

Mailing Address
**848 GOLD FLAT ROAD, SUITE 1
NEVADA CITY, CA 95959**



07022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 68-0404579	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000767888
07/10/07-80022-020 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CASTLES, DANIEL W 848 GOLD FLAT ROAD, SUITE 1 NEVADA CITY, CA 95959
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEPPE, DAVID 848 GOLD FLAT ROAD, SUITE 1 NEVADA CITY, CA 95959
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ATTIA, GILLES S ESQ. 400 CAPITOL MALL, SUITE 2400 SACRAMENTO, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTHY, LES 848 GOLD FLAT ROAD, SUITE 1 NEVADA CITY, CA 95959
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, RALPH 848 GOLD FLAT ROAD, SUITE 1 NEVADA CITY, CA 95959
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

David Heppe
David Heppe

Date

July 2, 2007
July 2, 2007

Daytime Phone #

530 470 1300
530 470 1300