



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000002569		
1. Entity Name SS8 NETWORKS, INC.		
Principal Place of Business 91 EAST TASMAN DRIVE SAN JOSE, CA 95134	Mailing Address 91 EAST TASMAN DRIVE SAN JOSE, CA 95134	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAKELIN, GRANT 91 EAST TASMAN DRIVE SAN JOSE, CA 95134	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEWART, JIM G 91 EAST TASMAN DRIVE SAN JOSE, CA 95134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GADSKU, TOM 91 EAST TASMAN DRIVE SAN JOSE, CA 95134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BETTINO, LARRY 91 EAST TASMAN DRIVE SAN JOSE, CA 95134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRESSEL, HENRY 91 EAST TASMAN DRIVE SAN JOSE, CA 95134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAYLOR, BARRY E 91 EAST TASMAN DRIVE SAN JOSE, CA 95134	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 7/15/04 Daytime Phone #



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number 77-0520646	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

UNRECORDED
07/19/04-80020-024 \$50.00