

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000004563

1. Entity Name
NTN COMMUNICATIONS, INC.



Principal Place of Business
**5966 LA PLACE COURT, SUITE 100
CARLSBAD, CA 92008**

Mailing Address
**5966 LA PLACE COURT, SUITE 100
CARLSBAD, CA 92008**



03262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1103425

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DE GORTER, MARK
STREET ADDRESS	5966 LA PLACE COURT, SUITE 100
CITY-ST-ZIP	CARLSBAD, CA 92008
TITLE	S
NAME	FRAKES, JAMES
STREET ADDRESS	5966 LA PLACE COURT, SUITE 100
CITY-ST-ZIP	CARLSBAD, CA 92008
TITLE	CD
NAME	KINSEY, STANLEY B
STREET ADDRESS	5966 LA PLACE COURT, SUITE 100
CITY-ST-ZIP	CARLSBAD, CA 92008
TITLE	D
NAME	BENNETT, ROBERT
STREET ADDRESS	5966 LA PLACE COURT, SUITE 100
CITY-ST-ZIP	CARLSBAD, CA 92008
TITLE	D
NAME	RODRIGUEZ, ESTHER
STREET ADDRESS	5966 LA PLACE COURT, SUITE 100
CITY-ST-ZIP	CARLSBAD, CA 92008
TITLE	AS
NAME	MILES, KATHY
STREET ADDRESS	5966 LA PLACE COURT, SUITE 100
CITY-ST-ZIP	CARLSBAD, CA 92008

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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

3-26-04

Date

760-929-5255

Daytime Phone #