

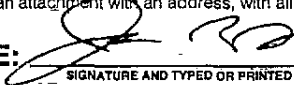


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000004563</b>		
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
<b>DO NOT WRITE IN THIS SPACE</b>		
		
03142005 No Chg-P CR2E034 (10/03)		
4. FEI Number 31-1103425		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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		<b>DO NOT WRITE IN THIS SPACE</b>
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 reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DE GORTER, MARK 5966 LA PLACE COURT, SUITE 100 CARLSBAD, CA 92008	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FRAKES, JAMES 5966 LA PLACE COURT, SUITE 100 CARLSBAD, CA 92008	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD KINSEY, STANLEY B 5966 LA PLACE COURT, SUITE 100 CARLSBAD, CA 92008	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENNETT, ROBERT 5966 LA PLACE COURT, SUITE 100 CARLSBAD, CA 92008	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIQUEZ, ESTHER 5966 LA PLACE COURT, SUITE 100 CARLSBAD, CA 92008	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MILES, KATHY 5966 LA PLACE COURT, SUITE 100 CARLSBAD, CA 92008	
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: 		3/14/05 760.929.5255 Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		