


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000005319</b> 1. Entity Name PHASEONE COMMUNICATIONS, INC.	
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Principal Place of Business 2039 N. MERIDIAN ROAD #113 TALLAHASSEE, FL 32303	Mailing Address 2039 N. MERIDIAN ROAD #113 TALLAHASSEE, FL 32303
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01262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 95-4820082	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

DURAN, DARLENE  
2039 N. MERIDIAN ROAD #113  
TALLAHASSEE, FL 32303

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	C DU PONT, MICHAEL 2210 PEARL BEACH ROAD OLYMPIA, WA 98502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOXHAM, JOANNE 22200 HARTLAND CANOGA PARK, CA 91303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VILLINES, TERRENCE 2424 S. HOLT AVE. LOS ANGELES, CA 90034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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01/30/04-80057-024 150.00

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 fees empowered.

**SIGNATURE:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_