

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 02, 2004 08:00 AM**  
**Secretary of State**

04-12-2004 90249 001 \*\*\*150.00

**DOCUMENT #F03000006214**

1. Entity Name  
**V.T. MOBILE, INC.**



Principal Place of Business  
**1000 MCCASLIN BLVD., STE 310  
SUPERIOR, CO 80027**

Mailing Address  
**1000 MCCASLIN BLVD., STE 310  
SUPERIOR, CO 80027**

**54030700**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**84-1248002**

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**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$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	PD TRAYLOR, FRANK A	<input type="checkbox"/> Delete
STREET ADDRESS	1000 MCCASLIN BLVD., STE 310	
CITY-ST-ZIP	LOUISVILLE, CO 80027	
TITLE NAME	ST CLARK, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	1000 MCCASLIN BLVD., STE 310	
CITY-ST-ZIP	LOUISVILLE, CO 80027	
TITLE NAME	D KORNELSON, VERN	<input type="checkbox"/> Delete
STREET ADDRESS	1000 MCCASLIN BLVD., STE 310	
CITY-ST-ZIP	LOUISVILLE, CO 80027	
TITLE NAME	D GOLD, LESSING	<input type="checkbox"/> Delete
STREET ADDRESS	11377 WEST OLYMPIC BLVD, 10TH FLR	
CITY-ST-ZIP	LOS ANGELES, CA 90064	
TITLE NAME	D MICHEL, PETER	<input type="checkbox"/> Delete
STREET ADDRESS	3508 CRESENT AVE	
CITY-ST-ZIP	DALLAS, TX 75205	
TITLE NAME	D WHALEN, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	69 ORIOLE WAY	
CITY-ST-ZIP	WESTBURY, NEW YORK 11590	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME	D MACDONALD, NOEL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3339 CLIFF DRIVE	
CITY-ST-ZIP	SANTA BARBARA, CA 93109	
TITLE NAME	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/04**

Date

**303-554-8835**

Daytime Phone #