

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 APR 13 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000004936

1. Entity Name
SILICON OPTIX INC.



Principal Place of Business
2025 GATEWAY PLACE, #360 WEST TOWER
SAN JOSE, CA 95110

Mailing Address
7800 SOUTHLAND BLVD.
SUITE 250
ORLANDO, FL 32809

2. Principal Place of Business

3. Mailing Address
2025 GATEWAY PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#360

City & State

City & State
SAN JOSE CA

Zip

Country

Zip
95110

Country
USA

04072006

Chg-P

CR2E034 (11/05)

4. FEI Number

22-3736385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

700072704507

04/28/06--01027--017 **150.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
PCEO
RUSSO, PAUL
STREET ADDRESS
2025 GATEWAY PLACE, #360
CITY-ST-ZIP
SAN JOSE, CA 95110 ☐ Delete

TITLE
NAME
D
JOHN BALEN
STREET ADDRESS
2025 GATEWAY PLACE, #360
CITY-ST-ZIP
SAN JOSE CA 95110 ☐ Change ☒ Addition

TITLE
NAME
V
LUCKY, DOUG
STREET ADDRESS
2025 GATEWAY PLACE, #360 WEST TOWER
CITY-ST-ZIP
SAN JOSE, CA 95110 ☒ Delete

TITLE
NAME
D
KEVIN MCQUILLAN
STREET ADDRESS
2025 GATEWAY PLACE #360
CITY-ST-ZIP
SAN JOSE CA 95110 ☐ Change ☒ Addition

TITLE
NAME
CTO
LEE, LOUIE
STREET ADDRESS
2025 GATEWAY PLACE, #360 WEST TOWER
CITY-ST-ZIP
SAN JOSE, CA 95110 ☐ Delete

TITLE
NAME
D
PAUL VAIS
STREET ADDRESS
2025 GATEWAY PLACE #360
CITY-ST-ZIP
SAN JOSE CA 95110 ☐ Change ☒ Addition

TITLE
NAME
EV
FARZANEH, HAMID
STREET ADDRESS
2025 GATEWAY PLACE, #360 WEST TOWER
CITY-ST-ZIP
SAN JOSE, CA 95110 ☒ Delete

TITLE
NAME
D
ROBERT PEPPER
STREET ADDRESS
2025 GATEWAY PLACE #360
CITY-ST-ZIP
SAN JOSE CA 95110 ☐ Change ☒ Addition

TITLE
NAME
S
LATTA, ROBERT P
STREET ADDRESS
2025 GATEWAY PLACE, #360 WEST TOWER
CITY-ST-ZIP
SAN JOSE, CA 95110 ☐ Delete

TITLE
NAME
D
TOM ROSCH
STREET ADDRESS
2025 GATEWAY PLACE #360
CITY-ST-ZIP
SAN JOSE CA 95110 ☐ Change ☒ Addition

TITLE
NAME
D
SPOON, ALAN
STREET ADDRESS
2025 GATEWAY PLACE, #360 WEST TOWER
CITY-ST-ZIP
SAN JOSE, CA 95110 ☐ Delete

TITLE
NAME
SER ATTACHED ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

APR 10 2006

416 490 7779

Date

Daytime Phone