

FILED
May 05, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F05000002464		
1. Entity Name MASKINA COMMUNICATIONS INC		
Principal Place of Business 8445 FREEPORT PKWY SUITE 650 IRVING, TX 75063	Mailing Address 8445 FREEPORT PKWY SUITE 650 IRVING, TX 75063	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TCS CORPORATE SERVICES, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301		4. FEI Number 75-2820004
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
		Applied For ☐ Not Applicable
		04172008 No Chg-P CR2E034 (11/05)
		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 _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing) DATE _____		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO BOHN, KJETIL 8445 FREEPORT PKWY STE 650 IRVING, TX 75063	DO NOT WRITE IN THIS SPACE U000000348294 06/02/08-80050-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BECKER, JEFF 8445 FREEPORT PKWY STE 650 IRVING, TX 75063	
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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:  4/28/08 972 6074761 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #		

VYKE
COMMUNICATIONS
Martin Linges vei 25
IT Fornebu • N-1357 Snaroya
Norway