

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90461 021 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F05000003649			
1. Entity Name STARVOX COMMUNICATIONS, INC.			
Principal Place of Business 2728 ORCHARD PARKWAY SAN JOSE, CA 95131		Mailing Address 2728 ORCHARD PARKWAY SAN JOSE, CA 95131	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331		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 state if applicable) (NOTE: Registered Agent signature required when re-registering) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO ZORN, DOUGLAS S 2202 NORTH FIRST STREET SAN JOSE, CA 95131 <i>2728 Orchard Parkway San Jose, CA 95131</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Thompson, Jeff</i> <i>2728 Orchard Parkway</i> <i>San Jose, CA 95131</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOM, SHERMAN W 2202 NORTH FIRST STREET SAN JOSE, CA 95131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Thompson, Jeff</i> <i>2728 Orchard Parkway</i> <i>San Jose, CA 95131</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARRY, RICHARD 2202 NORTH FIRST STREET SAN JOSE, CA 95131 <i>2728 Orchard Parkway San Jose, CA 95131</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CEO</i> <i>Barckley, Tom</i> <i>2728 Orchard Parkway</i> <i>San Jose, CA 95131</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FALL, RICHARD 2202 NORTH FIRST STREET SAN JOSE, CA 95131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CEO</i> <i>Burkstrom</i> <i>2728 Orchard Parkway</i> <i>San Jose, CA 95131</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Thorman, Michael</i> <i>2728 Orchard Parkway</i> <i>San Jose, CA 95131</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Burke, Sheri</i> <i>2728 Orchard Parkway</i> <i>San Jose, CA 95131</i>
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: _____		Date: _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____	