

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004556

Entity Name: EARTH NETWORKS, INC.

FILED
Feb 15, 2011
Secretary of State

Current Principal Place of Business:

12410 MILESTONE CENTER DRIVE
SUITE 300
GERMANTOWN, MD 20876

New Principal Place of Business:

Current Mailing Address:

12410 MILESTONE CENTER DRIVE
SUITE 300
GERMANTOWN, MD 20876

New Mailing Address:

FEI Number: 52-2252566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CEOP
Name: MARSHALL, ROBERT
Address: 10130 GREENSWALD LINK
City-St-Zip: LJAMSVILLE, MD 21754

Title: CFO
Name: SPAULDING, RICHARD
Address: 13125 SCARLET OAK DRIVE
City-St-Zip: DARNESTOWN, MD 20878

Title: SVP
Name: SPAULDING, RICHARD
Address: 13125 SCARLET OAK DRIVE
City-St-Zip: DARNESTOWN, MD 20878

Title: SVP
Name: SLOOP, CHRISTOPHER
Address: 305 THORNBERRY COURT
City-St-Zip: MT AIRY, MD 21771

Title: CTO
Name: SLOOP, CHRISTOPHER
Address: 305 THORNBERRY COURT
City-St-Zip: MT AIRY, MD 21771

Title: SVP
Name: O'CONNELL, DANIEL W
Address: 1102 EDNOR ROAD
City-St-Zip: SILVER SPRING, MD 20905

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL W O'CONNELL

SVP

02/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date