

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005541

FILED
Apr 20, 2009
Secretary of State

Entity Name: NEWZOOM, INC.

Current Principal Place of Business:

625 2ND STREET
SAN FRANCISCO, CA 94107

New Principal Place of Business:

Current Mailing Address:

625 2ND STREET
SAN FRANCISCO, CA 94107

New Mailing Address:

FEI Number: 75-2989130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: QUINNELL, BRUCE
Address: 4860 STAR RIDGE LANE
City-St-Zip: FRISCO, TX 75034

Title: DP () Delete
Name: SMITH, GOWER
Address: 12 RENO PLACE
City-St-Zip: SAN FRANCISCO, CA 94133

Title: TS () Delete
Name: CONFER, MATTHEW
Address: 461 FREDERICK STREET
City-St-Zip: SAN FRANCISCO, CA 94117

Title: D () Delete
Name: GILL, MICHAEL
Address: 10 MULBRING STREET
City-St-Zip: MOSMAN NSW 2068 AUSTRALIA,

Title: D () Delete
Name: LOOMANS, JEFF
Address: 30 FLORENCE STREET
City-St-Zip: SAN FRANCISCO, CA 94133

Title: D () Delete
Name: SCHWAB, DAVID
Address: 2884 SAND HILL ROAD #100
City-St-Zip: MENLO PARK, CA 94025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DPST (X) Change () Addition
Name: SMITH, GOWER
Address: 12 RENO PLACE
City-St-Zip: SAN FRANCISCO, CA 94133

Title: AS (X) Change () Addition
Name: ZUKLIE, MITCHELL
Address: 18 VALLEY OAK ST
City-St-Zip: PORTOLA VALLEY, CA 94028

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GOWER SMITH

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date