

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000423

FILED  
Feb 24, 2010  
Secretary of State

Entity Name: VOODOOVOX, INC.

**Current Principal Place of Business:**

1321 MASS MOCA WAY  
NORTH ADAMS, MA 01247

**New Principal Place of Business:**

**Current Mailing Address:**

1321 MASS MOCA WAY  
NORTH ADAMS, MA 01247

**New Mailing Address:**

FEI Number: 04-3527580

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH LTD., INC.  
515 EAST PARK AVE  
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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: HAMILTON, J. SCOTT  
Address: 17 PORTER STREET  
City-St-Zip: WILLIAMSTOWN, MA 01267

Title: D  
Name: PEABODY, WILLIAM S  
Address: 476 MASSACHUSETTS AVE SUITE A  
City-St-Zip: NORTH ADAMS, MA 01267

Title: D  
Name: PATRICOFF, ALAN  
Address: 445 PARK AVE  
City-St-Zip: NEW YORK, NY 10022

Title: D  
Name: MURRAY, STEVEN  
Address: C/O SOFTBANK, 1188 CENTRE STREET  
City-St-Zip: NEWTON CENTER, MA 02459

Title: D  
Name: MIN, DAVID  
Address: 3601 WEST OLIVE AVE SUITE 501  
City-St-Zip: BURBANK, CA 91505

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: J. SCOTT HAMILTON

PRES

02/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date