2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

ANNUAL REPORT						., _000	00.001
DOCUMENT # F93000001885					Sec	cretary o	of State
1. Entity Name AMERICAN VOICE MAIL, INC.							
			1000				
Principal Plac	ce of Business	Mailing Address					
2310 S SEPULVEDA BLVD LOS ANGELES, CA 90064 US 2310 S. SEPULVEDA BLVD. LOS ANGELES, CA 90064			US				
						[01 011 00 10 14 00
DO NOT WRITE IN THIS SPA			CE	01062005	No Chg-P	CR2E034 (10/0	
_	O NOT WHILE	ny iino ora	-	4. FEI Number 95-437			Applied For Not Applicable
		A.		5. Certificate	of Status Desired	□ \$8.75 Fee Req	Additional uired
Name and Address of Current Registered Agent							
THE PRENTICE-HALL CORPORATION SYSTEM INC.				DO	NOT W	RITE	
SUITE 105					THIS SF	NCE	
TALLAHAS	SSEE, FL 32301	•		· - 114 1		AUL	
	named entity submits this statement for the	e purpose of changing its register	red office or registe	red agent, or bol	h, in the State of Flo	orida. I am familiar w	ith, and accept
_							
Signature, typed or printed name of registered agent and fille if applicable (NOTE Registered Agent signature required w						DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND DIF	RECTORS	ENTERVITE UT EN 12T	; -;-, ·			
TITLE NAME	PD GORDON, MARK B						
STREET ADDRESS	2310 S. SEPULVEDA BLVD.				i i i i l'i i l'i i l'i i	ijgarae	
CITY+ST-ZIP	LOS ANGELES, CA		-		_ <u>:::</u> -25/05-	-80071-012	150.00
TITLE NAME	SC GORDON, ROBERT H					-	
STREET ADDRESS	2310 S. SEPULVEDA BLVD.						
CITY-ST-ZIP	LOS ANGELES, CA	-·	1				•
N/A/E	GORDON, SAM N						
STREET ADDRESS CITY ST-ZIP	2310 S. SEPULVEDA BLVD. LOS ANGELES, CA			DO	NOT W	RITE	
TITLE				IN 7	THIS SF	PACE	
NAVAE Street address				# 4 %			
CITY-ST-ZIP				,			
TITLE						,,	
NAME Street address		•	7				
CITY-ST-ZIP			I				

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Samuelsonden SAME Gokpow SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05 3/0-478-49 109 Date Daytime Phone * X 8 5 3