

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 11, 2005 8:00 am**  
**Secretary of State**

08-11-2005 90002 021 \*\*\*158.75

**DOCUMENT # F96000001524**

1. Entity Name  
**FLIGHT DIRECTOR, INC.**



Principal Place of Business  
**100 MICHAEL ANGELO WAY  
BLDG. E, SUITE 600  
AUSTIN, TX 78728 US**

Mailing Address  
**100 MICHAEL ANGELO WAY  
BLDG. E, SUITE 600  
AUSTIN, TX 78728 US**

**50060980**



07292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**95-3919535**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ROBERTS, RICHARD L  
2837 NE 30 STREET  
SUITE 206  
FORT LAUDERDALE, FL 33306**

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
HANRAHAN, MICHAEL W  
18201 VON KARMAN AVE STE 1190  
IRVINE, CA 92612**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
HANRAHAN, DONALD J.  
100 MICHAEL ANGELO WAY BLDG. E STE 600  
AUSTIN, TX 78758**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 liquidator 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 my address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/1/05