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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90178 037 ***150.00

DOCUMENT # F9600004459

1. Corporation Name

SOFTBANK CONTENT SERVICES, INC.

| Principal Place of Business Mailing Address | | | | | | - |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------|---------------------------------------|---------------|---------------------------------------------|---------------------------------------------------------------|
| 8 HARRIS CT. BLDG A ONE PARK AVE 2ND FL | | | | | | |
| MONTEREY CA 93940 | | TAX DEPARTMENT | | | | DO NOT MOTE IN THE SPACE |
| | | NEW YORK NY 10016 | | | | DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified |
| | | US | | | | 1 . |
| 2. Dainainat Di | and of Business | 2a. Mailing Address | | | | 08/29/1996 4. FEI Number Applied For |
| | — - | | | | | 04-3240687 Not Applicable |
| 21 Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | \$8.75 Additional |
| | | 27 | | | | 5. Certificate of Status Desired Fee Required |
| 22 City & State | | City & State | | | 6. Election Campaign Financing S5.00 May Be | |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fees |
| Zip Country | | Zip Country | | | | 8. This corporation owes the current year Intangible |
| 24 25 | | 29 30 | | | Personal Property Tax. Yes □No | |
| | 9. Name and Address of Current | Registered Agent | | | | 10. Name and Address of New Registered Agent |
| | | | | 31 N | ame | |
| C T CORPORATION SYSTEM | | | 5 | 32 S | treet Addres | ess (P.O. Box Number is Not Acceptable) |
| | SOUTH PINE ISLAND ROAD | | " | | | |
| PLANTATION FL 33324 | | | | 33 | | |
| | | | 9 | 84 C | ity | 85 Zip Code |
| | | | | | • | FL |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reg | | | | | | |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | |
| SIGNATURE | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable (NOTE: Re | gistered A | gent sigr | nature required v | when reinstating) DATE |
| 12. | OFFICERS AND | ··· | 13. | | N | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | CD | ☐ DELETÉ | 1.1 TITLE | | | Change ☐ Change |
| NAME | Horier, Horice | | 12 NAM | Masayoshi Son | | asayoshi son |
| STREET ADDRESS | - · · · · · · · · · · · · · · · · · · | | 1.3 STREET ADDRESS | | RESS A4 | -1 Nihon Bashi - Hakozakicho |
| CITY-ST-ZIP | No. | | | -ST-ZIP | · C1 | Lu-ku Tokyo 103 Japan |
| TITLE | D | DELETE 2.1 TI | | | | |
| NAME | CONTRIBUTION NED | | 2.2 NAM | | | |
| STREET ADDRESS | 010000001 | | 2.3 STRI | | | <u>ب</u> |
| CITY-ST-ZIP | Mariette. | | 2.4 CITY-ST-ZIP | | Р | ☐ Change ☐ Addition |
| TITLE | | | 31 TITL | | | _ Change |
| NAME | MINIMAN, OTEVEN | | 3.2 NAM | | | |
| STREET ADDRESS | O Trainio OI, DEDO A | | | EET ADD | | |
| CITY-ST-ZIP | MONTEREY CA 93940 | ₹ DELETE | 3.4. CITY | | P | ☐ Change ☐ Addition |
| TITLE | P | DELETE | 4.1 TITL | | | C sumings C videous C |
| NAME | WEAT, THE COLOR | | 4, 2 NAN | | | |
| STREET ADDRESS | * | | 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | | |
| CITY-ST-ZIP | MONTEREY CA 93940 | X DELETE | 4.4 CITY 5.1 TITU | | <u> </u> | ☐ Change ☐ Addition |
| TITLE | S CANEODD | M DELLE IE | 5.1 HILL | | | |
| NAME | ETTINGER, SANFORD | | 5.3 STRI | | RESS | |
| STREET ADDRESS | 1840 41ST AVE #102-295 | | 5.4 CITY | | | |
| CITY-ST-ZIP TITLE | CAPITOLA CA 95010 | DELETE | 6.1 TITL | | | ☐ Change ☐ Addition |
| | I HAMMED DODEDT | × 50000 | 6.2 NAM | | | |
| NAME STREET ADDRESS | HAMMER, ROBERT | | | EET ADD | DRESS | |
| STREET ADDRESS | | | | -ST-ZIP | | |
| CITY-ST-ZIP | MONTEREY CA 93940 | | J G , | | | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR