2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006
Secretary of State

DOCUMENT# F96000005881

Entity Name: NETSCAPE COMMUNICATIONS CORPORATION

Current Principal Place of Business:

401 ELLIS STREET
MOUNTAIN VIEW, CA 94043

New Principal Place of Business:

Current Mailing Address:

22000 AOL WAY
DULLES, VA 20166

New Mailing Address:

FEI Number: 94-3200270 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VPSD	( ) Delete
Name:	BOE, RANDALL J	
Address:	2200 AOL WAY	
City-St-Zip:	DULLES, VA 20166	
Title:	VTD	( ) Delete
Name:	SWAD, STEPHEN M	
Address:	22000 AOL WAY	
City-St-Zip:	DULLES, VA 20166	
Title:	VC	( ) Delete
Name:	COLAN, THOMAS R	
Address:	22000 AOL WAY	
City-St-Zip:	DULLES, VA 20166	
Title:	AS	( ) Delete
Name:	WYCHULIS, KATHERINE E	
Address:	22000 AOL WAY	
City-St-Zip:	DULLES, VA 20166	
Title:	V	( ) Delete
Name:	DAVIDSON, JOEL M	
Address:	5000 ARLINGTON CENTRE BLVD	
City-St-Zip:	COLUMBUS, OH 43220	
Title:	V	(X) Delete
Name:	SCHWEBEL, WILLIAM J	
Address:	22260 PACIFIC BLVD	
City-St-Zip:	DULLES, FL 20166	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	KELLY, MICHAEL J	
Address:	75 ROCKEFELLER CENTER	
City-St-Zip:	NEW YORK, NY 10019	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHERINE E. WYCHULIS AS 07/10/2006

Electronic Signature of Signing Officer or Director — Date