2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005881

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

22000 AOL WAY

DULLES, VA 20166

KELLY, MICHAEL J

NEW YORK, NY 10019

() Delete

75 ROCKEFELLER CENTER

FILED May 16, 2007 Secretary of State

Entity Name: NETSCAPE COMMUNICATIONS CORPORATION						
Current Principal Place of Business:			New Principal Place of Business:			
401 ELLIS MOUNTAIN	STREET N VIEW, CA 9	4043				
Current Mailing Address:			New Mailing Address:			
22000 AOL DULLES, \						
FEI Number:	94-3200270	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of					New Registered Agent:	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US						
The above in the State		submits this statement for the p	ourpose of changing i	ts registered o	office or registered agent, or both,	
SIGNATUR	RE:					
	Electror	ic Signature of Registered Age	ent	Date		
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VPSD () BOE, RANDALI 2200 AOL WAY DULLES, VA 2	,	Title: Name: Address: City-St-Zip:	PTD (X KUMAR, NISHA 22000 AOL WA DULLES, VA 2	ΑΥ	
Title: Name: Address: City-St-Zip:	VTD () SWAD, STEPH 22000 AOL WA DULLES, VA 2	Y	Title: Name: Address: City-St-Zip:	COOD (X GRANT, RONA 22000 AOL WA DULLES, VA 2	ΑΥ	
Title: Name: Address: City-St-Zip:	VC () COLAN, THOM 22000 AOL WA DULLES, VA 2	Y	Title: Name: Address: City-St-Zip:	VPSD (X PARKER, IRA I 22000 AOL WA DULLES, VA 2	ΑΥ	
Title:	AS ()	Delete	Title:	VP (X	C) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

22000 AOL WAY

TULK, ERIN S AS

22000 AOL WAY DULLES, VA 20166

AS

DULLES, VA 20166

(X) Change () Addition

SIGNATURE: ERIN S. TULK AS 05/16/2007