3620815 AT

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

F96000005881

1. Entity Name

NETSCAPE COMMUNICATIONS CORPORATION

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FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90260 011 ***150.00

466 ELLIS ST MOUNTAIN V	ce of Busines TREET /IEW CA 9404		Mailing Address 22000 AOL WAY DULLES VA 20166							
2. Principal I	Place of Busin	ness	3. Mailing Address					li Bbill Jāfii bb.		
Suite, Apt	#, etc.		Suite, Apt. #, etc.				CHECK HERE	IF MAKING (CHANGES	
City & State		City & State			4.	I. FEI Number 94-3200270 Applied For Not Applied For				
Zip		Country	Zip	Coun	try	5.	Certificate of Status Desired		8.75 Ad ee Require	
μ	6. Name	and Address of Current	Registered Agent		-	7.	Name and Address of New R	egistered Ag	ent	
				_	Name					
CORPOR	ATION SER	VICE COMPANY			_		•			
	YS STREET	TICE COMI ANT			Street Address (P.O. Box Number is Not Acceptable)					
	SSEE FL 32	2301-2525				-:-			· ·· <u>-</u>	
IALLAIN	IOOCE FE 34	301-2323								
					City			FL	Zip Cod	le
			r the purpose of changin	g its registere	ed office or	registered aç	gent, or both, in the State of Flo	rida. I am fa	miliar with,	and accept
the opliga	tions of regist	ered agent.								
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if applicable.	(NOTE: Registered	d Agent signatu	re required when r	einstating)	DATE		
Afte	er May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00					9. Election Campaign Fin			00 May Be
	it'i ayabio ti	Florida Department of	State				Trust Fund Contribution	n. 🗆	Adde	d to Fees
10.		OFFICERS AND		11.			Trust Fund Contribution DDITIONS/CHANGES TO OFF			
10. TITLE	VPSD	OFFICERS AND		11.		Ρ	ODITIONS/CHANGES TO OFF	ICERS AND I		
	VPSD	OFFICERS AND	DIRECTORS			Ρ	ODITIONS/CHANGES TO OFF	ICERS AND I	DIRECTOR	S IN 11
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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 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date

John E. Hunt 22060 Pacific Blud.

Dulles, VA 20166

CR2E034 (10

ATTAC HMENT 90104891

NETSCAPE COMMUNICATIONS CORPORATION ADDITIONAL OFFICERS F96000005881

OFFICE

NAME

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Vice President

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Vice President

Stephen Schram

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Vice President, Facilities

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