

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90369 004 ***150.00

DOCUMENT # F97000006309

1. Entity Name
SONICBLUE INCORPORATED

Principal Place of Business
2801 MISSION COLLEGE BLVD.
SANTA CLARA CA 95052

Mailing Address
2801 MISSION COLLEGE BLVD.
SANTA CLARA CA 95052



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2841 Mission College Blvd.
 Suite, Apt. #, etc.

3. Mailing Address
2841 Mission College Blvd.
 Suite, Apt. #, etc.

City & State
Santa Clara, CA

City & State
Santa Clara, CA

4. FEI Number
77-0204341

Applied For
Not Applicable

Zip
95054

Country
USA

Zip
95054

Country
USA

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO POTASHNEYR, KEN 2841 MISSION COLLEGE BLVD SANTA CLARA CA 95054-1838	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLDT, TERRY N 2841 MISSION COLLEGE BLVD SANTA CLARA CA 95054-1838	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTARO, CARM 2841 MISSION COLLEGE BLVD SANTA CLARA CA 95054-1838	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, ROBERT 2841 MISSION COLLEGE BLVD SANTA CLARA CA 95054-1838	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO MCFARLAND, WILLIAM F 2841 MISSION COLLEGE BLVD SANTA CLARA CA 95054-1838	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRAITH, JAMES T 2841 MISSION COLLEGE BLVD SANTA CLARA CA 95054-1838	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	POTASHNER, KEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESBER JR, Edward M. 2841 Mission College Blvd. Santa Clara, CA 95054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO SMITH, MARCUS 2841 MISSION COLLEGE BLVD. Santa Clara CA 95054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Marcus Smith 5/1/02 (408) 588-8000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)