

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 30, 1999 8:00 am**  
**Secretary of State**

07-30-1999 90007 016 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F98000000686**

1. Corporation Name

**SOPHIA COMMUNICATIONS, INC.**

Principal Place of Business  
**2880 SHASTA ROAD  
BERKELEY CA 94708**

Mailing Address  
**2880 SHASTA ROAD  
BERKELEY CA 94708**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/03/1998**

4. FEI Number

**94-3253346**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes ☒ No **X**

2. Principal Place of Business

**21 800 Brickell Avenue**

Suite, Apt. #, etc.

**22 1110**

City & State

**23 Miami, FL**

Zip

**24 33131**

Country

**25 USA**

2a. Mailing Address

**26 800 Brickell Avenue**

Suite, Apt. #, etc.

**27 1110**

City & State

**28 Miami, FL**

Zip

**29 33131**

Country

**30 USA**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**81 Name Toni Alam**

**82 Street Address (P.O. Box Number is Not Acceptable)  
800 Brickell Avenue**

**83 Suite 1110**

**84 City**

**Miami**

**FL**

Zip Code

**33131**

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 registered 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/21/99**

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input checked="" type="checkbox"/> DELETE
NAME	ORINGTON, HOWARD	
STREET ADDRESS	600 MONTGOMERY STREET, 45TH FL	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	VALOSEK, LAURENT	
STREET ADDRESS	25 EDWARD STREET, #7	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	PANOZZO, JOHN	
STREET ADDRESS	13215 SE MILL PLAIN BLVD, #C8-337	
CITY-ST-ZIP	VANCOUVER WA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Luis E. Correa	
1.3 STREET ADDRESS	800 Brickell Ave. Ste. 1110	
1.4 CITY-ST-ZIP	Miami, FL 33131	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Roberto Isaias	
2.3 STREET ADDRESS	800 Brickell Ave. Ste 1110	
2.4 CITY-ST-ZIP	Miami, FL 33131	
3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Juan Rassmuss	
3.3 STREET ADDRESS	800 Brickell Ave. Ste.1110	
3.4 CITY-ST-ZIP	Miami, FL 33131	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

I hereby certify that the information supplied in this 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/21/99**

**305-358-9972**

CR2E034 (5/99)