## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F98000002704

## DIECA COMMUNICATIONS, INC.

Principal	Place of	Business
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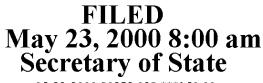
Mailing Address

2330 CENTRAL EXPRESSWAY SANTA CLARA CA 95050

2330 CENTRAL EXPRESSWAY SANTA CLARA CA 95050-2516

2. Principal Place of Business

3. Mailing Address



05-23-2000 90272 038 \*\*\*150.00



<b>425</b> 0 Suite, Apt.	Burton Drive 4250 Burton Drive suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat Santa Zip	e a Clara, Ca Country	City & State Santa Clara, Zip	Country	5.	FEI Number 77-0470016  Certificate of Status Desired		Applied For Not Applicab
9505		95054	Santa Cl	lara		Fee Re	quired
	6. Name and Address of Current Re	gistered Agent		7.	Name and Address of New Regis	itered Agent	<del></del>
NRAI SERVICES, INC. 526 PARK AVE TALLAHASSEE FL 32301			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip	Code
8. The above	named entity submits this statement for the		registered office o			DATE	
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so, ria on back)		!!! FEE IS \$150. 00 Fee will be \$ ble to Departmen	550.00	10. Election Campaign Financi     Trust Fund Contribution.	· 7	\$5.00 May Be Added to Fees
11.	OFFICERS AND DI	RECTORS	12.	Α	DDITIONS/CHANGES TO OFFICER	RS AND DIREC	TORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP KNOWLING, ROBERT E JR 2330 CENTRAL EXPRESSWAY SANTA CLARA CA 95050 DVS KHANNA, DHRUV 2330 CENTRAL EXPRESSWAY	☐ Delete☐ Delete☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Santa	Burton Drive a Clara, Ca 95054 Burton Drive Clara, Ca 95054	[X] Cha	
CITY-ST-ZIP	SANTA CLARA CA 95050		CITY-ST-ZIP	Santa	Clara, Ca 95054	32.	
TITLE	DT	☐ Delete	TITLE			🖾 Cha	ange
NAME STREET ADDRESS CITY-ST-ZIP	2330 CENTRAL EXPRESSWAY SANTA CLARA CA 95050		STREET ADDRESS CITY-ST-ZIP		Burton Drive Clara, Ca 95054		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	ange 🗌 Additio
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Cha	ange 🗌 Additio

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 adverses, with all other like empowered.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

REPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy Laehy, Treasurer

(408)987-1000

Daytime Phone #