


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90024 031 \*\*\*150.00

**DOCUMENT # F98000002704**

1. Entity Name  
 DIECA COMMUNICATIONS, INC.



Principal Place of Business  
 3420 CENTRAL EXPWY  
 SANTA CLARA, CA 95051 US

Mailing Address  
 3420 CENTRAL EXPWY  
 SANTA CLARA, CA 95051 US

2. Principal Place of Business  
 110 Rio Robles

3. Mailing Address  
 110 Rio Robles

Suite, Apt. #, etc.

Attn: Debra J. McManaman

City & State  
 San Jose, CA


City & State  
 San Jose, CA

Zip  
 95134-1813

Country  
 USA

Zip  
 95134-1813

Country  
 USA



01262004 Chg-P CR2E034 (10/03)

4. FEI Number  
 77-0470016

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
 526 PARK AVE  
 TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOFFMAN, CHARLES			NAME			
STREET ADDRESS	3420 CENTRAL EXPWY			STREET ADDRESS	110 Rio Robles		
CITY-ST-ZIP	SANTA CLARA, CA 95051			CITY-ST-ZIP	San Jose, CA 95134-1813		
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICHMAN, MARK			NAME			
STREET ADDRESS	3420 CENTRAL EXPWY			STREET ADDRESS	110 Rio Robles		
CITY-ST-ZIP	SANTA CLARA, CA 95051			CITY-ST-ZIP	San Jose, CA 95134-1813		
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARLEN, DOUG			NAME			
STREET ADDRESS	3420 CENTRAL EXPWY			STREET ADDRESS	110 Rio Robles		
CITY-ST-ZIP	SANTA CLARA, CA 95051			CITY-ST-ZIP	San Jose, CA 95134-1813		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRANDT, MARK			NAME			
STREET ADDRESS	3420 CENTRAL EXPWY			STREET ADDRESS	110 Rio Robles		
CITY-ST-ZIP	SANTA CLARA, CA 95051			CITY-ST-ZIP	San Jose, CA 95134-1813		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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.

**SIGNATURE:** Doug Carlen **Doug Carlen** 1/26/04 (408) 952-6488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #