
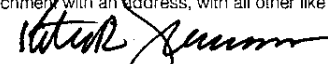


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90032 035 \*\*\*150.00

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # F99000004356</b><br>1. Entity Name<br>360NETWORKS (USA) INC.  |   |  |   |  |  |
| Principal Place of Business<br>867 COAL CREEK CIRCLE<br>SUITE 160<br>LOUISVILLE, CO 80027 US  |   |  | Mailing Address<br>867 COAL CREEK CIRCLE<br>SUITE 160<br>LOUISVILLE, CO 80027 US  |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |   |  |
| 01122004 Chg-P CR2E034 (10/03)  |   |  | 4. FEI Number<br>84-1496451   |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |   |  | Applied For<br>Not Applicable   |   |  |
| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                  |   |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>MAFFEI, GREGORY<br>867 COAL CREEK CIRCLE STE 160<br>LOUISVILLE, CO 80027    | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SVP<br>Steve Lake<br>867 Coal Creek Circle, Suite 160<br>Louisville, CO 80027     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPDG<br>SUMMERS, PATRICK<br>867 COAL CREEK CIRCLE STE 160<br>LOUISVILLE, CO 80027 | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SVP<br>Chris Mueller<br>867 Coal Creek Circle, Suite 160<br>Louisville, CO 80027  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPO<br>SIEG, GREGORY E<br>867 COAL CREEK CIRCLE STE 160<br>LOUISVILLE, CO 80027   | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SVP<br>Rob Frasene<br>867 Coal Creek Circle, Suite 160<br>Louisville, CO 80027    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPHR<br>HART, JAYNE<br>12202 AIRPORT WAY, SUITE 300<br>BROOMFIELD, CO 80021       | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>Cliff Beek<br>867 Coal Creek Circle, Suite 160<br>Louisville, CO 80027      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | GCS<br>GENTEMANN, LIN<br>867 COAL CREEK CIRCLE STE 160<br>LOUISVILLE, CO 80027    | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPHR<br>Jayne Hart<br>867 Coal Creek Circle, Suite 160<br>Louisville, CO 80027    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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:   |   |  | 1/13/04 303.854.5018  |   |  |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |  | Date Daytime Phone #  |   |  |