

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90154 022 \*\*\*150.00

<b>DOCUMENT # F99000004832</b>					
<b>1. Entity Name</b> WAYPORT, INC.					
<b>Principal Place of Business</b> 4509 FRIEDRICH LANE BLDG 111, SUITE 300 AUSTIN, TX 78744			<b>Mailing Address</b> ACCTS PAYABLE P.O. BOX 17007 AUSTIN, TX 78760		
<b>2. Principal Place of Business</b> 4509 FRIEDRICH LANE Suite, Apt. #, etc. SUITE 300		<b>3. Mailing Address</b> 4509 FRIEDRICH LANE Suite, Apt. #, etc. SUITE 300			
<b>City &amp; State</b> Austin, TX		<b>City &amp; State</b> Austin, TX		03212006    Chg-P    CR2E034 (11/05)	
<b>Zip</b> 78744		<b>Country</b> USA		<b>4. FEI Number</b> 74-2886905	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> CEO	<b>NAME</b> VUCINA, DAVID	<input type="checkbox"/> Delete	<b>TITLE</b> P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>STREET ADDRESS</b> 4509 FRIEDRICH LANE, SUITE 300
<b>STREET ADDRESS</b> 4509 FRIEDRICH LANE	<b>CITY-ST-ZIP</b> AUSTIN, TX 78744		<b>STREET ADDRESS</b> 4509 FRIEDRICH LANE, SUITE 300		
<b>TITLE</b> CFO	<b>NAME</b> KIELEY, KEN	<input type="checkbox"/> Delete	<b>TITLE</b> T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>STREET ADDRESS</b> 4509 FRIEDRICH LANE, SUITE 300
<b>STREET ADDRESS</b> 4509 FRIEDRICH LANE	<b>CITY-ST-ZIP</b> AUSTIN, TX 78744		<b>STREET ADDRESS</b> 4509 FRIEDRICH LANE, SUITE 300		
<b>TITLE</b> V/S	<b>NAME</b> GORDON P. WILLIAMS, JR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>STREET ADDRESS</b> 4509 FRIEDRICH LANE, SUITE 300		
<b>STREET ADDRESS</b> 4509 FRIEDRICH LANE	<b>CITY-ST-ZIP</b> AUSTIN, TX 78744		<b>STREET ADDRESS</b> 4509 FRIEDRICH LANE, SUITE 300		
<b>TITLE</b> D	<b>NAME</b> JOHN LONG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>STREET ADDRESS</b> 4509 FRIEDRICH LANE, SUITE 300		
<b>STREET ADDRESS</b> 4509 FRIEDRICH LANE	<b>CITY-ST-ZIP</b> AUSTIN, TX 78744		<b>STREET ADDRESS</b> 4509 FRIEDRICH LANE, SUITE 300		
<b>TITLE</b> D	<b>NAME</b> JACKIE KIMZEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>STREET ADDRESS</b> 4509 FRIEDRICH LANE, SUITE 300		
<b>STREET ADDRESS</b> 4509 FRIEDRICH LANE	<b>CITY-ST-ZIP</b> AUSTIN, TX 78744		<b>STREET ADDRESS</b> 4509 FRIEDRICH LANE, SUITE 300		
<b>TITLE</b> D	<b>NAME</b> JOHN EVANS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>STREET ADDRESS</b> 4509 FRIEDRICH LANE, SUITE 300		
<b>STREET ADDRESS</b> 4509 FRIEDRICH LANE	<b>CITY-ST-ZIP</b> AUSTIN, TX 78744		<b>STREET ADDRESS</b> 4509 FRIEDRICH LANE, SUITE 300		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GORDON P. WILLIAMS, JR.			Date _____    Daytime Phone # 512-519-6000		

ATTACHMENT 20030779

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Supplement Item 11 of Florida Annual Report

Addition:

D

Katherine Mitchell  
4509 Freidrich Lane, Suite 300  
Austin, TX 78744