858-792-2400

## 2002 Uniform Business Report (UBR)

## Apr 03, 2002 8:00 am Secretary of State DOCUMENT # F99000005376 1. Entity Name GENESIS COMMUNICATIONS INTERNATIONAL. INC. 04-03-2002 90191 042 \*\*\*150 00 Mailing Address Principal Place of Business 12750 HIGH BLUFF DRIVE 12750 HIGH BLUFF DRIVE # 200 # 200 SAN DIEGO CA 92133 SAN DIEGO CA 92133 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 33-0659638 Not Applicable Country \$8.75 Additional Country Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HIQ CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVE., SUITE 200 TALLAHASSEE FL 32301 Zip Code City 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition E034 (9/01) ☐ Delete TITLE TITLE NAME NAME GIETZEN. DEREK M STREET ADDRESS 11995 EL CAMINO REAL, SUITE 102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92024 ☐ Change ☐ Addition TITLE **DCFO** ☐ Delete TITLE NAME GIETZEN, THALIA R NAME STREET ADDRESS 11995 EL CAMINO REAL, SUITE 102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92024 Addition TITLE: - = Delete TITLE NAME NAME KREMICKI, MARY ANNE STREET ADDRESS STREET ADDRESS 11995 EL CAMINO REAL, SUITE 102 CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92024 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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