

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005829

1. Entity Name

VSTREAM INCORPORATED

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90010 006 \*\*\*150.00

Principal Place of Business

Mailing Address

5777 CENTRAL AVENUE, #120  
BOULDER CO 80301

5777 CENTRAL AVENUE, #120  
BOULDER CO 80301-2829

2. Principal Place of Business

3. Mailing Address

1157 Century Drive  
Suite, Apt. #, etc.

1157 Century Drive  
Suite, Apt. #, etc.

City & State

City & State

Louisville, CO

Louisville, CO

Zip

Country

80027

USA

Zip

Country

80027

USA

4. FEI Number

84-1407805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BERBERIAN, PAUL	
STREET ADDRESS	9400 OWL LANE	
CITY-ST-ZIP	BOULDER CO 80301	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LEJEAL, JAMES	
STREET ADDRESS	9610 AVOCET LANE	
CITY-ST-ZIP	LAFAYETTE CO 80026	
TITLE	AT	<input type="checkbox"/> Delete
NAME	MESIKAPP, KENNETH	
STREET ADDRESS	3905 WEST BUCKTHORN DRIVE	
CITY-ST-ZIP	LONGMONT CO 80503	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISMAN, BYRON	
STREET ADDRESS	577 CENTRAL AVE., #125	
CITY-ST-ZIP	BOULDER CO 80301	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELD, BRAD	
STREET ADDRESS	333 WEST SAN CARLOS, #1225	
CITY-ST-ZIP	SAN JOSE CA 95110	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARSONS, DON	
STREET ADDRESS	1428 15TH STREET	
CITY-ST-ZIP	DENVER CO 80202	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

18 JAN 00

303.928.2811

CR2E034 (9/99)