

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

08-02-2004 90115 043 \*\*\*\*50.00

**DOCUMENT # M01000001528**

1. Entity Name  
**NETWORK SERVICES, LLC**



Principal Place of Business

**525 SOUTH DOUGLAS ST.  
EL SEGUNDO, CA 90245**

Mailing Address

**525 SOUTH DOUGLAS ST.  
EL SEGUNDO, CA 90245**



07062004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**95-4518953**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	SCOTT, BRAD
STREET ADDRESS	525 S DOUGLAS ST
CITY-ST-ZIP	EL SEGUNDO, CA 90245
TITLE	VT
NAME	BOWEN, SCOTT
STREET ADDRESS	525 S. DOUGLAS ST
CITY-ST-ZIP	EL SEGUNDO, CA 90245
TITLE	VS
NAME	BUXBAUM, WILLIAM
STREET ADDRESS	525 S. DOUGLAS ST
CITY-ST-ZIP	EL SEGUNDO, CA 90245
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/22/04