

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04242	
1. Entity Name WEB SERVICE COMPANY, INC., OF CALIFORNIA	



FILED
05 OCT -6 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3690 REDONDO BEACH AVENUE REDONDO BEACH, CA 90278-1165 US	Mailing Address 3690 REDONDO BEACH AVENUE REDONDO BEACH, CA 90278-1165 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10032005 REIN-P CR2E098 (6/04)

4. FEI Number 95-1776017	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		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 name, principal place of business, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		Michael J. Smith Assistant Secretary 10.05.05	
SIGNATURE <i>[Signature]</i> Signature, typed or printed name of registered agent and title, if applicable.		(NOTE: Registered Agent signature required when reinstating) <input checked="" type="checkbox"/> DATE	

FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT BLOOMFIELD, WILLIAM E JR 3690 REDONDO BCH AVE REDONDO BEACH, CA	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300060298693 10/06/05--01039--007 **758.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLOOMFIELD, MARGARET M. 3690 REDONDO BCH AVE REDONDO BEACH, CA	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BLOOMFIELD, WILLIAM E. 3690 REDONDO BCH AVE REDONDO BEACH, CA	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 05	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD REYNOLDS, HERBERT E. 3690 REDONDO BCH AVE REDONDO BEACH, CA	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Roberts OCT 07 2005	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD HUNTER, JOANNE B. 3690 REDONDO BCH AVE REDONDO BEACH, CA	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUNTER, JAMES L 3690 REDONDO BCH AVE REDONDO BCH, CA	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	James L. HUNTER Date: 10-4-05 Daytime Phone #: (310) 297-9483