

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P15161 1. Entity Name FREEDOM COMMUNICATIONS, INC. (CALIFORNIA)					
Principal Place of Business 17666 FITCH IRVINE, CA 92614-6022			Mailing Address 17666 FITCH IRVINE, CA 92614-6022		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 95-1140750	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
Name NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ 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 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	THRESHIE, R D		NAME		
STREET ADDRESS	4590 MACARTHUR BLVD. #500		STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH, CA 92660		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BELL, ALAN J		NAME		
STREET ADDRESS	17666 FITCH		STREET ADDRESS		
CITY-ST-ZIP	IRVINE, CA 92614		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SEGAL, JONATHAN		NAME		
STREET ADDRESS	17666 FITCH		STREET ADDRESS		
CITY-ST-ZIP	IRVINE, CA 92614		CITY-ST-ZIP		
TITLE	VT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KUYKENDALL, DAVID L		NAME		
STREET ADDRESS	17666 FITCH		STREET ADDRESS		
CITY-ST-ZIP	IRVINE, CA 92614		CITY-ST-ZIP		
TITLE	SDV	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WALLACE, RICHARD A.		NAME		
STREET ADDRESS	17666 FITCH		STREET ADDRESS		
CITY-ST-ZIP	IRVINE, CA 92614		CITY-ST-ZIP		
TITLE	VAT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	TRILLO, NANCY S		NAME		
STREET ADDRESS	17666 FITCH		STREET ADDRESS		
CITY-ST-ZIP	IRVINE, CA 92614		CITY-ST-ZIP		
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>David L. Kuykendall</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3-24-03 Daytime Phone #: 949-253-2300		