2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # P94000034382

1. Entity Name
FROG BOX, INC.

Principal Place of Business
3599 UNIVERSITY BLVD., STE. 1003
JACKSONVILLE, FL 32216

Mailing Address
P.O. BOX 19919
JACKSONVILLE, FL 32265

04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3249145

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PARYANZ, SHYAM
3599 UNIV BLVD S #1000
JACKSONVILLE, FL 32216

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PARYANI, SHYAM
STREET ADDRESS	3599 UNIVERSITY BLVD., SUITE 1000
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	WELLS, JOHN JR.
STREET ADDRESS	3599 UNIVERSITY BLVD., SUITE 1000
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	BHIDE, VASANT
STREET ADDRESS	3599 UNIVERSITY BLVD., SUITE 1000
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	MARSLAND, TOM
STREET ADDRESS	3599 UNIVERSITY BLVD., SUITE 1000
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 4/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #