


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90017 050 \*\*\*150.00

**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**

**60023901**



2. Principal Place of Business - No P.O. Box #  
**3599 University Blvd, S**

3. Mailing Address  
**P.O. Box 19919**

Suite, Apt. #, etc.  
**Suite 1000**

Suite, Apt. #, etc.

04092008 Chg-P CR2E034 (12/06)

City & State  
**Jacksonville, FL**

City & State  
**Jacksonville, FL**

Zip  
**32216**

Country  
**US**

Zip  
**32245**

Country  
**US**

4. FEI Number  
**59-3249145**

Applied For  
 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**

7. Name and Address of New Registered Agent  
 Name  
**Paryanz Shyam**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3599 University Blvd, S, #1000**  
 City  
**Jacksonville** **FL** Zip Code  
**32216**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 D	<input type="checkbox"/> Delete NAME PARYANI, SHYAM STREET ADDRESS 3599 UNIVERSITY BLVD., SUITE 1000 CITY-ST-ZIP JACKSONVILLE, FL 32216	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete NAME WELLS, JOHN JR. STREET ADDRESS 3599 UNIVERSITY BLVD., SUITE 1000 CITY-ST-ZIP JACKSONVILLE, FL 32216	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete NAME BHIDE, VASANT STREET ADDRESS 3599 UNIVERSITY BLVD., SUITE 1000 CITY-ST-ZIP JACKSONVILLE, FL 32216	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete NAME MARSLAND, TOM STREET ADDRESS 3599 UNIVERSITY BLVD., SUITE 1000 CITY-ST-ZIP JACKSONVILLE, FL 32216	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: S. B. O. **4/14/08** **904-360-3338**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #