2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000034382

MARSLAND, TOM

JACKSONVILLE, FL 32216

3599 UNIVERSITY BLVD., SUITE 1000

Name:

Address:

City-St-Zip:

Entity Name: FROG BOX, INC.

FILED Apr 20, 2009 Secretary of State

Littly Nai	ille. FROG B	JA, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3599 UNIVERSITY BLVD, S. SUITE 1000					
JACKSONVILLE, FL 32216			New Mailing Address		
Current Mailing Address:			New Mailing Address:		
P.O. BOX JACKSON	19919 IVILLE, FL 322	245			
FEI Number:	: 59-3249145	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
PARYANI, SHYAM 3599 UNIVERSITY BLVD., S, #1000 JACKSONVILLE, FL 32216 US			PARYANI, SHYAM B 3599 UNIVERSITY BL JACKSONVILLE, FL	PARYANI, SHYAM B 3599 UNIVERSITY BLVD., S, #1000 JACKSONVILLE, FL 32216 US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: SHYAM B. PARYANI				04/20/2009	
	Electror	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PARYANI, SHY	ITY BLVD., SUITE 1000	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WELLS, JOHN	ITY BLVD., SUITE 1000	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BHIDE, VASAN	ITY BLVD., SUITE 1000	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SHYAM B. PARYANI D 04/20/2009