

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jun 18 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortimer  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 96000101061  
 1. Corporation Name  
 Seven Networks Inc  
 P.O. Box 3666  
 Brandon, FL 33509-3666

Principal Place of Business Mailing Address

2. Principal Place of Business  
 21 P.O. Box 3666  
 Suite, Apt #, etc.  
 22  
 City & State  
 23 Brandon FL  
 Zip Country  
 24 33509-3666 Hillsborough 25  
 28. Mailing Address  
 26 P.O. Box 3666  
 Suite, Apt #, etc.  
 27  
 City & State  
 28 Brandon FL 33509-3666  
 Zip Country  
 29 33509-3666 Hillsborough 30

3. Date Incorporated or Qualified 12-16-96  
 3a. Date of Last Report N/A  
 4. FEI Number  Applied For  Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
 Corporation Service Company  
 1201 Nays Street  
 Tallahassee, FL 32301

10. Name and Address of New Registered Agent  
 81 Name Kirk A. McLeod  
 82 Street Address (P.O. Box Number is Not Acceptable) 8716 Sandbury  
 83  
 84 City Orlando, FL FL 85 Zip Code 32819

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Kirk A. McLeod* 5/1/97  
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President / Director	<input type="checkbox"/> DELETE
NAME	Kirk McLeod	
STREET ADDRESS	1014 Garden Circle	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Neil Anderson	
STREET ADDRESS	1104 Seminole Drive	
CITY-ST-ZIP	West Columbia, SC 29169	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Jim Struble	
STREET ADDRESS	141-5 Thorne Lane	
CITY-ST-ZIP	Newark, Delaware 19711	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Neek Watson	
STREET ADDRESS	141-5 Thorne Lane	
CITY-ST-ZIP	Newark, Delaware 19711	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Kirk McLeod	
13 STREET ADDRESS	8716 Sandbury	
14 CITY-ST-ZIP	Orlando, FL 32819	
21 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Neil Anderson	
23 STREET ADDRESS	P.O. Box 3666	
24 CITY-ST-ZIP	Brandon, FL 33509-3666	N/A
31 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Jim Struble	
33 STREET ADDRESS	P.O. Box 3666	
34 CITY-ST-ZIP	Brandon, FL 33509-3666	N/A
41 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Neek Watson	
43 STREET ADDRESS	P.O. Box 3666	
44 CITY-ST-ZIP	Brandon, FL 33509-3666	N/A
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	300002216453	
54 CITY-ST-ZIP	-06/18/97--01110--016	
61 TITLE	***165.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kirk A. McLeod* 5/1/97 (407) 248-2697

CR2E034 (9/96)

6-18  
 JP