

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000083803

**FILED
Feb 18, 2008
Secretary of State**

Entity Name: MAINSTREAM NETWORKS, INC.

Current Principal Place of Business:

13555 AUTOMOBILE BLVD
SUITE 460
CLEARWATER, FL 33762 US

New Principal Place of Business:

Current Mailing Address:

2415 SADDLEWOOD LANE
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 59-3469713 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: WOO, TONY W
Address: 2415 SADDLEWOOD LANE
City-St-Zip: PALM HARBOR, FL 34685

Title: SVD () Delete
Name: WOO, SHARON D
Address: 2415 SADDLEWOOD LANE
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: SHARON D. WOO

VP

02/18/2008

Electronic Signature of Signing Officer or Director

_____ Date