

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000330

FILED  
Jul 07, 2008  
Secretary of State

Entity Name: FASTFRAME U.S.A., INC.

**Current Principal Place of Business:**

1200 LAWRENCE DR  
SUITE 300  
NEWBURY PARK, CA 91320

**New Principal Place of Business:**

**Current Mailing Address:**

1200 LAWRENCE DR  
SUITE 300  
NEWBURY PARK, CA 91320

**New Mailing Address:**

FEI Number: 77-0130170      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CFOD ( ) Delete  
Name: LOVE, ROBERT S  
Address: 1200 LAWRENCE DR, SUITE 300  
City-St-Zip: NEWBURY PARK, CA 91320

Title: VPD ( ) Delete  
Name: HARPER, SCOTT  
Address: 1200 LAWRENCE DR, SUITE 300  
City-St-Zip: NEWBURY PARK, CA 91320

Title: CEO ( ) Delete  
Name: HARPER, BRIAN  
Address: 1200 LAWRENCE DR, SUITE 300  
City-St-Zip: NEWBURY PARK, CA 91320

Title: D ( ) Delete  
Name: FLETCHER, ARTHUR J  
Address: 1200 LAWRENCE DR, SUITE 300  
City-St-Zip: NEWBURY PARK, CA 91320

Title: D ( ) Delete  
Name: LEVINE, BILL  
Address: 1200 LAWRENCE DR, SUITE 300  
City-St-Zip: NEWBURY PARK, CA 91320

Title: D ( ) Delete  
Name: HARPER, SCOTT  
Address: 1200 LAWRENCE DR, SUITE 300  
City-St-Zip: NEWBURY PARK, CA 91320

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: ROBERT LOVE

CFO

07/07/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date