

State of California **Secretary of State**

96

06-141435

STATEMENT OF INFORMATION

(Domestic Stock Corporation)

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions. IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1 CORPORATE NAME (Please do not alter if name is preprinted.)

in the office of the Secretary of State of the State of California

MAR 2 2 2006

C2457680

PLAYPHONE INC. 1999 S BASCOM AVE #700	
CAMPBELL CA 95008	
	This Space For Filing Use Only
DUE DATE: 02-28-06	
CALIFORNIA CORPORATE DISCLOSURE ACT (Corporations Code section 1502.1)	
A publicly traded corporation must file with the Secretary of State a Corporate Disclosure Statement (Form SI-PT) annually, within 150 days	
after the end of its fiscal year. Please see reverse for additional information regarding publicly traded corporations.	
NO CHANGE STATEMENT	
2. If there has been no change in any of the information contained in the last Statement of Information filed with the Secretary of State, check the box and proceed to Item 15.	
If there have been any changes to the information contained in the last Statement of Information filed with the Secretary of State, or no statement has been previously filed, this form must be completed in its entirety.	
COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 3 and 4 cannot be P.O. Boxes.)	
3. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE BLVP #460 CITY AND STATE 5300 STEVENS CREEK BLVP #460 SAW JOSE	CA 95/29
4 STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA. IF ANY CITY 5300 STEVENS (REEK BLVD #460 SAN) TOSE	STATE ZIP.CODE CA 75/29
NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title	
for the specific officer may be added; however, the preprinted titles on this form must not be altered.)	
5. CHIEFEXEGUTIVE OFFICER/ ADDRESS CITY AND STATE	ZIP CODE
6 SECRETARY CZERNY ADDRESS / 1 CITY AND STATE	ZIP CODE
7. CHIEF FINANCIAL OFFICER/ ADDRESS /, CITY AND STATE	ZIP CODE
NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO	ARE ALSO OFFICERS (The corporation
must have at least one director. Attach additional pages, if necessary.)	· · · · · · · · · · · · · · · · · · ·
8. NAME AN CZERNY ADDRESS AME AS ABOVE CITY AND STATE	ZIP CODE
9. NAME TAKA-HITO YASYKIDORESS SAME ASCITYABLITE	ZIP CODE
10. NAME HEISTIAN BORCHER SAME ASITY AND STATE	ZIP CODE
11. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:	
AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California ar address. If the agent is another corporation, the agent must have on file with the California Secretary of Statesection 1505 and Item 13 must be left blank.)	nd Item 13 must be completed with a California te a certificate pursuant to Corporations Code
12 NAME OF AGENT FOR SERVICE OF PROCESS	
13 ADDRESS OF A CENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY, TOSE TYPE OF BUSINESS	STATE CA 95/29-
TYPE OF BUSINESS	
14 DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION DISTRIBUTOR + PU	BUSHER
15 BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE SECRETARY OF STATE, THE CORPORATION CERTIFICLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT	TIFIES THE INFORMATION CONTAINED HEREIN,
RON (2BRN7	to 1/25/26
TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM SIGNATURE	TITLE DATE
SI-200 N/C (REV 05/2005)	APPROVED BY SECRETARY OF STATE