

State of California Kevin Shelley Secretary of State

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05-04281年

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

JAN 2 4 2005

Zim Sully KEVIN SHELLEY, Secretary of State

C2457680 PLAYPHONE INC.	KEVIN SHELLEY, Secretary of State
1999 S BASCOM AVE #700	
CAMPBELL CA 95008	This Space For Filing Use Only
DUE DATE: 02-28-05	
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 trad	ed corporations.
NO CHANGE STATEMENT	
2. If there has been no change in any of the information contained in the last Statement of Inform the box and proceed to Item 15.	-
If there have been any changes to the information contained in the last Statement of Information statement has been previously filed, this form must be completed in its entirety.	ation filed with the Secretary of State, or no
COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 3 at	
3. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY AND STATE	ZIP CODE
4. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY CAMPBELL	STATE ZIP CODE
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. CHIEF EXECUTIVE OFFICER/ ADDRESS S. BASCON AVE #700 CA	ANBELL, CA 95008
6. SECRETARY/ ADDRESS SAME CITY AND STATE	ZIP CODE
7. CHIEF FINANCIAL OFFICER ADDRESS SAME 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 RON CHENNY 1999 S. BASCON AVE 4700 CAND	BELL CA TOOK
9. NAME KALITO YASUKIADDRESS STOE CITY AND STATE	ZIP CODE
10. NAME CHAIS TIAN BOACHEADDRESS SAINE CITY 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 a address. If the agent is another corporation, the agent must have on file with the California Secretary of Statesction 1505 and Item 13 must be left blank.)	
12. NAME OF AGENT FOR SERVICE OF PROCESS	, - -
13. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY	STATE ZIP CODE
TYPE OF BUSINESS	<u> </u>
14. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION MOBILE ENTERTAINMENT DISTRIBUTOR AND PUBLISHER	
15. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE SECRETARY OF STATE, THE CORPORATION GEINCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.	
Box CLBre	(E) 12/2/00
TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM	TITLE DATE
SI-200 N/C (REV 09/2004)	APPROVED BY SECRETARY OF STATE