

1.) CORPORATION NAME:

GRAB NETWORKS HOLDINGS, INC.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

SCC ID NO: **F1766478**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	65,000,000
CONVPA	13,131,780
CONVPB	17,934,002

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 21000 ATLANTIC BLVD
6TH FL.

CITY/ST/ZIP: DULLES, VA 20166

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: FREDERICK G I SINGER TITLE: CHAIRMAN ADDRESS: 21000 ATLANTIC BLVD #600 CITY/ST/ZIP/CO: DULLES, VA 20166</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: STEVE MURRAY TITLE: DIRECTOR ADDRESS: 21000 ATLANTIC BOULEVARD 6TH FLOOR CITY/ST/ZIP/CO: DULLES, VA 20166</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Jack Myers TITLE: DIRECTOR ADDRESS: 21000 Atlantic Blvd #600 CITY/ST/ZIP/CO: Dulles, VA 20166</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Christopher Holden TITLE: DIRECTOR ADDRESS: 21000 Atlantic Blvd #600 CITY/ST/ZIP/CO: Dulles, VA 20166</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Alvin Bowles TITLE: CEO ADDRESS: 21000 Atlantic Blvd, # 600 CITY/ST/ZIP/CO: Dulles, VA 20166</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: John Poduska, Sr TITLE: DIRECTOR ADDRESS: 21000 Atlantic Blvd. # 600 CITY/ST/ZIP/CO: Dulles, VA 20166</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Jim Savage TITLE: DIRECTOR ADDRESS: 21000 Atlantic Blvd # 600 CITY/ST/ZIP/CO: Dulles, VA 20166	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Wayne Weisman TITLE: DIRECTOR ADDRESS: 21000 Atlantic Blvd., # 600 CITY/ST/ZIP/CO: Dulles, VA 20166	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Jim Harriot TITLE: ASST SECRETARY ADDRESS: 21000 Atlantic Blvd # 600 CITY/ST/ZIP/CO: Dulles, VA 20166	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ Jim Harriot	Jim Harriot, ASST SECRETARY	8/9/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		