SECURITIES AND EXCHANGE C

03027537

other (please specify):

Actual A

Estimated

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OMB	APPROVAL

NUMBER: 3235-0076

.res: May 31, 2005

Estimated average burden hours per response.. .16.00

SEC USE ONLY

RECD S.M.C.

FORM D

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO RECULATION D

UNITED STATES

Washington, D.C. 20549

SECTION 4(6) AND/OR UNIFORM LIMITED OFFERING EXEMPTION	Prefix Date Rec	Seria
1086		
of Offering (check if this is an amendment and name has changed, and indicate change.) f Series BB Preferred Stock		

1086	Date Received
Name of Offering (check if this is an amendment and name has changed, and indicate chan Sale of Series BB Preferred Stock	ge.)
Filing Under (Check hox(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (Check if this is an amendment and name has changed, and indicate change. Native Networks, Inc.)
Address of Executive Offices (Number and Street, City, State, Zip Code) 2 Granit Street, POB 7165, Petah Tikva, ISRAEL 48170	Telephone Number (Including Area Code) 972-3-9202800
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	PROCESSED
High Technology	JUL 3 1 2003
Type of Rusiness Organization	· •

Month 1 0 9

GENERAL INSTRUCTIONS

corporation

business trust

Actual or Estimated Date of Incorporation or Organization:

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

CN for Canada; FN for other foreign jurisdiction)

limited partnership, already formed

limited partnership, to be formed

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Promoter Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Rami Hadar Business or Residence Address (Number and Street, City, State, Zip Code) c/o Native Networks, Inc., 2 Granit Street, POB 7165, Petah Tikva, ISRAEL 49170 Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Leigh Woolley Business or Residence Address (Number and Street, City, State, Zip Code) c/o Native Networks, Inc., Albany H<u>ouse,</u> Market Street, Maidenhead, Berkshire SL6 8BE, United Kingdom Director Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Avishai Silvershatz Business or Residence Address (Number and Street, City, State, Zip Code) 3 Azrieli Center, 42nd Floor, Tel Aviv 67023, ISRAEL Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Gadi Toren Business or Residence Address (Number and Street, City, State, Zip Code) 2 Maskit Street, Herzliya 46120, ISRAEI Check Box(es) that Apply: Beneficial Owner **Executive Officer** Director Promoter General and/or Managing Partner Full Name (Last name first, if individual) Erel Margalit Business or Residence Address (Number and Street, City, State, Zip Code) 41 Madison Avenue, 25th Floor, New York, NY 10010 Beneficial Owner Executive Officer Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Barun Dutta Business or Residence Address (Number and Street, City, State, Zip Code) 9-10 Savile Row, London W1X 1AF, United Kingdom Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) APAX Israel II, L.P (Number and Street, City, State, Zip Code) Business or Residence Address 2 Maskit Street, Herzliya 46120, ISRAEL General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Quantum Industrial Partners, LDC (Number and Street, City, State, Zip Code) Business or Residence Address Curacao International Trust Company, Kaya Flamboyan 9, Willenstad Curacao, Netherlands Antilles

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
					Managing Partner
Full Name (Last name first, if indi-	vidual)				
Jerusalem Venture Partners III, L.P.	·				
Business or Residence Address	(Number	and Street, City, State, Zi	p Code)		
41 Madison Avenue, 25th Floor, N	ew <u>Yo</u> rk, NY 1001	0		. ===	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indi-	vidual)				
Alta - Berkeley VI, C.V.					
Business or Residence Address	(Number	and Street, City, State, Zi	p Code)		
9-10 Savile Row, London WIX 14	AF, United Kingdor	<u>m</u>			

				B. INF	ORMATIC	N ABOU	OFFERI	NG				
1. Has the iss	suer sold, o	r does the is	ssuer intend	l to sell, to	non accredi	ted investo	rs in this of	fering?			Yes D	X
			Ans	wer also in	Appendix,	Column 2,	if filing und	der ULOE.				
2. What is th	e minimum	investmen	t that will b	e accepted	from any in	ndividual?					\$ N/A	
				•	•					,		lo
3. Does the o	offering pen	mit joint ov	vnership of	a single un	it?	••••						\boxtimes
4. Enter the iremuneration agent of a bropersons to be	for solicita ker or deal listed are a	tion of pure er registered ssociated p	chasers in cold with the Sersons of su	onnection v SEC and/or	vith sales of with a state	f securities or states, I	in the offer ist the name	ing. If a pe e of the bro	rson to be i ker or deale	isted is an r. If more	associated than five (person or
Full Name (L	ast name fi	rst, if indivi	dual)									
N/A												
Business or F	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)						
Name of Asso	ociated Bro	ker or Deal	er						 _			
States in 117	ah Passa . '	into - 1 15 - 1	Valiait-3 -	Inton de te	Callele Dee	hances						
	All State" o	or check ind	ividual Sta	tes)	Solicit Purc	nasers						All
States [AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(Нη	[ID]
[IL]	[NI]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[ארד]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L				<u> </u>	<u> </u>	<u></u>	<u> </u>					5- 2-3
N/A												
Business or F	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)						
Name of Asse	ociated Bro	ker or Deal	er				• • •					
States in Whi	ich Person I All State" o	Listed Has S or check ind	Solicited or lividual Sta	Intends to tes)	Solicit Purc	hasers						All
States [AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[/.L]	(IN)	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L												
N/A												
Business or F	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip (Code)						
		•		. ,,		•						
Name of Ass	ociated Bro	ker or Deal	er									
States in Whi (Check " States					Solicit Purc							All
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
11911	(SC)	tabi	ואידו	(TY)	וידונו	ועדו	[VA]	TWA1	נאאז	rwn	rwyi	(PP)

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt \$ Equity \$14,386,000 \$11,386,000 Common Preferred Convertible Securities (including warrants) Partnership Interests \$ Other (Specify ___ Total \$_14,386,000 \$_11,386,000 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount of Purchases Investors Accredited Investors \$__11,386,000 Non-accredited Investors \$__0 0 Total (for filings under Rule 504 only) _N/A__ \$__N/A_ Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of offering Type of Security Sold Rule 505 N/A \$ 0 Regulation A \$ 0 N/A Rule 504 N/A Total N/A 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees \$200,000 Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately) Other Expenses (identify) Total \$200,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C. OFFERING PRICE	E, NUMBER OF INVESTORS, EXPENSES AND USE	OF PR	OCEEDS		
1 and total expenses furnished in respons	te offering price given in response to Part C - Question to Part C - Question 4.a. This difference is the			<u>\$14,186,0</u>	<u>)00</u>
used for each of the purposes shown. If the estimate and check the box to the left of the	gross proceeds to the issuer used or proposed to be amount for any purpose is not known, furnish an estimate. The total of the payments listed must equal forth in response to Part C - Question 4.b above.				
good protect to		F	Payments to Officers, Directors, & Affiliates	Payments Others	
			\$0		\$
O Purchase of real estate			\$0		\$
Purchase, rental or leasing and installati	ion of machinery and equipment		\$0		\$
Construction or leasing of plant building	gs and facilities		\$0		\$
offering that may be used in exchange f			\$0		\$
Repayment of indebtedness			\$ <u>0</u>		\$
0 Working Capital\$14,186,000			\$0	\boxtimes	
0.1 ('0)			\$0_		\$
			\$ 0		\$
		\boxtimes	\$0	\boxtimes	Ť
Total Payments Listed (Column totals a	dded)		∑ <u>\$1</u>	4,186,000	
	D. FEDERAL SIGNATURE				
following signature constitutes an undertaki	aned by the undersigned duly authorized person. If this not ing by the issuer to furnish to the U.S. Securities and Excha issuer to any non-accredited investor pursuant to paragrap.	inge Co	mmission, upor		quest
Issuer (Print or Type)	Signature		Date		
Native Networks, Inc. Name of Signer (Print or Type)	Title of Vines (Print or Type)		July 22, 2003		
Name of Signer (Print or Type)	Title of Signer (Print or Type) Chief Executive Officer				

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

E. STATE SIGNATURE		
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Native Networks, Inc.	Signature	Date July 22, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Rami Hadar	Chief Executive Officer	

APPENDIX

1	Intend to non-a	2 I to sell accredited is in State 3-Item 1	Type of security and aggregate offering price offered in state (Part C Item 1)		amount pur	Type of investor and mount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Series BB Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL			-							
AK					-					
AZ		-								
AR		<u> </u>								
CA										
СО		Х		2	\$500,000	_			Х	
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ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

A	P	P	E	N	D	I	X

Intend to sell to non-accredited investors in State (Part B-Item 1) State Ves No MT Non-Accredited Investors in State (Part C-Item 2) Non-Accredited Investors in State (Part C-Item 2) Number of Accredited Investors Non-Accredited Investors Number of Accredited Investors Non-Accredited Investors	1			2						
Number of Accredited Investors		Intend to non-a	accredited rs in State	security and aggregate offering price offered in state		amount purchased in State			under State ULOE (if yes, attach explanation of waiver granted)	
State Yes No				(Part C Item 1)	Number		Number of			
MT NE NV NV NH NI			 		Accredited		Non-Accredited	İ		
NE		Yes	No		Investors	Amount	Investors	Amount	Yes	No
NY NH NJ NM NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY NB ND	 									
NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WA WV WI WI WY NO ND									 	
NJ	<u> </u>									
NM	NH						<u> </u>			
NY NC ND	NJ				 					
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