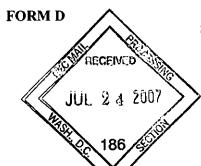
1407841



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB App	roval
OMB Number:	3235-0076
Expires:	April 30, 2008
Estimated average burden	
hours per response	1

SE ONLY
Serial
ECEIVED

\ \ \ /						
Name of Offering (Debeck if this is an amendment	and name has changed, and i	ndicate change.)				
An offering of up to 914,142 shares of Ser	ies A Preferred Stock, \$	0.001 par value j	per share for an	aggregate pi	urchase price of	
\$1,000,797 and warrants to purchase com	mon stock and Series a	Preferred Stock,	\$0.001 par valu	e per share		
Filing Under (Check box(es) that apply): □ Rule	504 🔲 Rule 505	□ Rule 506	☐ Section 4(6)	☐ ULOE		
Type of Filing: New Filing Amendment				<u>_</u>	DACESSE	ſ
	A. BASIC IDENTII	FICATION DATA	<u>\</u>		HOOLOGE	, 100
1. Enter the information requested about the issuer					**** * * *****************************	_
Name of Issuer (check if this is an amendment	ent and name has changed, an	d indicate change.)		•	JUL 2 / 2007	
ShangBy, Inc.			_			_
Address of Executive Offices (Number and Street, O	City, State, Zip Code)		Telephone Number	er (Including A	reTHOMSON	,
10 Sundown Parkway, Austin, TX 78746			(512) 773-514	0	FINANCIAL	
Address of Principal Business Operations (Number	and Street, City, State, Zip Co	ode)	Telephone Number (Including Area Code)			
(if different from Executive Offices)						
Brief Description of Business:						
Online Retailer						
Type of Business Organization				*****	1.11. 1.11.	
corporation	limited partnership, alre	•	— "	specify) limite	d hability	
business trust	limited partnership, to b	e formed	company			
		Month	Year			_
Actual or Estimated Date of Incorporation or Organ	•	111	2006 🖾 A	ctual (☐ Estimated	
Jurisdiction of Incorporation or Organization: (Ente		ce abbreviation for S		ciuai ,	_ Estimated	
varisation of morporation of Organization. (Enti-	CN for Canada; FN for of					

GENERAL INSTRUCTIONS

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)

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

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 states 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

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



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								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
Bell, Stephen F.								
Business or Residence Address (Number and Street, City, State, Zip Code)								
10 Sundown Parkway, Austin, TX 78746								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
Roubtsov, Vladimir								
Business or Residence Address (Number and Street, City, State, Zip Code)								
10 Sundown Parkway, Austin, TX 78746								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
Dai, Lei								
Business or Residence Address (Number and Street, City, State, Zip Code)								
10 Sundown Parkway, Austin, TX 78746								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
G-51 Capital Collaborative Fund, L.P.								
Business or Residence Address (Number and Street, City, State, Zip Code)								
901 S. Mo Pac Expressway, Bldg. III, Suite #410, Austin, TX 78746								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
Stowe Capital, LLC								
Business or Residence Address (Number and Street, City, State, Zip Code)								
287 Auburn Street, Newton, MA 02466								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
Tenzing Holdings, LLC								
Business or Residence Address (Number and Street, City, State, Zip Code)								
309 South Phillips Avenue, Suite 201, Sioux Falls, SD 57104								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
Draper Associates, L.P.								
Business or Residence Address (Number and Street, City, State, Zip Code)								
2882 Sand Hill Road, Suite 150, Menlo Park, CA 94025								
Check Box(es) that Apply:								
Full Name (Last name first, if individual)								
Draper Richards, L.P.								
Business or Residence Address (Number and Street, City, State, Zip Code)								
50 California Street, Suite 2925, San Francisco, CA 94111								

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								
Check Box(es) that Apply:								
Full Name (Last name first, if individual)								
Garza, N. Rudy								
Business or Residence Address (Number and Street, City, State, Zip Code)								
901 S. Mo Pac Expressway, Bldg. III, Suite #410, Austin, TX 78746								
Check Box(es) that Apply:								
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
run (vanie (Last name mst, n individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply:								
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
, , , , , , , , , , , , , , , , , , , ,								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Dubiness of residence readies (realises (realises, eny, state, Elp essay)								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
Full Name (Last name first, it individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								

										-		-		
					B. IN	FORMA	TION AB	OUT OF	FERING		•	 .		
1. H	as the issue	r sold or de	oes the issu	er intend t	o sell, to n	on-accredi	ted investo	rs in this o	ffering?			Yes	No ⊠	
1, 1,	20 1110 10040	, , , , , , , , , , , , , , , , , , , ,	ood me ibae		•		olumn 2, if		Ŭ			_		
2. W	hat is the m	iinimum in	vestment f			-		ming unio	0. 0202			\$ N/A		
4. "	nat is the in		· · · · · · · · · · · · · · · · · · ·	and will be	accepted .		idi vidudi.					Ψ 1.17.1		
3. D	3. Does the offering permit joint ownership of a single unit?											Yes ⊠	No □	
ai th S li	nter the info ny commissi e offering. EC and/or w sted are asso caler only.	ion or simi If a persor vith a state	lar remune to be liste or states, l	ration for a d is an assets ist the name	solicitation ociated per ne of the br	of purchases son or age oker or dea	sers in con nt of a brol aler. If mo	nection wit ker or deale re than five	th sales of a er registere e (5) person	securities in the d with the cons to be				
	ame (Last na	ame first, i	f individua	al)	•	"								
Self-Is Busine	sued ss or Reside	ence Addre	ess (Numbe	er and Stree	et. City. St	ate. Zin Co	ode)							
243111		indit					- ,							
Name	of Associate	ed Broker	or Dealer											
(Checl	in Which Pe : "All States		individual	States)									All St	ates
[AL] [IL]	[AK] [IN]	[AZ] [lA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]		
[MT]	[NE]	[NV]	[NH]	[[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC] ame (Last n	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
I UII IN	ame (Last n	anie msi, i	II IIIQIVIQUA	11)										
Busine	ss or Reside	ence Addre	ess (Numbe	er and Stre	et, City, St	ate, Zip Co	ode)					•		
Name	of Associate	ed Broker	or Dealer			•				•			•	
States (Check	in Which Pe	erson Liste	d Has Soli	cited or Int	tends to So	licit Purch	asers					•		tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]		[DE]	[DC]	(FL)	[GA]	(HI)	[ID]	ر	tuico
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full N	ame (Last n	ame first, i	if individua	al)		·								
Busine	ss or Reside	ence Addre	ess (Numbe	er and Stre	et, City, St	ate, Zip Co	ode)					· · · · · ·	•	
Name	of Associate	ed Broker	or Dealer											
	in Which Pe											<u>.</u>	.[] All S	States
(Checi	: "All States [AK]	or check	individuai [AR]	States) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]	AII S	otates
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT] [RI]	[NE] [SC]	[NV] [SD]	(NH) (TN)	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [W]]	[OR] [WY]	[PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	C. OFFERING PRICE, NO. OF INVESTORS, EXPENSES AND US	E OF PROCEEDS	
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 \square and indicate in the column below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred	\$1,000,797	\$950,798
	Convertible Securities (including warrants)	\$0	\$ 0
	Partnership Interests	\$0	\$0
	Other (Specify):	\$0	S 0
	Total	\$1,000,797	\$950,809
	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."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors.	12	\$950,809
	Non-accredited Investors.	-	\$0
	Total (for filing under Rule 504 only)		
	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, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	N/A
	Regulation A	N/A	N/A
	Rule 504	N/A	N/A
	Total	N/A	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		\$0
	Printing and Engraving Costs		\$0
	Legal Fees	lacktriangle	\$20,000
	Accounting Fees		\$0
	Engineering Fees		\$0
	Sales Commissions (Specify finder's fees separately)		\$0
	Other Expenses (identify): Blue Sky Fees	\boxtimes	\$1,225
	Total	_	\$21,375

C.	OFFERING PRICE, NUMBER OF INVESTORS, EXPEN	SES AND USE OF PROCEEDS				
b.	Enter the difference between the aggregate offering price give total expenses furnished in response to Part C-Question 4.a proceeds to the issuer."	ven in response to Part C-Question 1 and . This difference is the "adjusted gross		XI		\$1,085,459
5.	Indicate below the amount of the adjusted gross proceeds to for each of the purposes shown. If the amount for any purpocheck the box to the left of the estimate. The total of the gross proceeds to the issuer set forth in response to Part C-Qu	se is not known, furnish an estimate and payments listed must equal the adjusted	•			
	gross proceeds to the issuerset forth in response to Part C-Qi	estion 4.0. above.	Officers,	ents to Directors, filiates		Payments To Others
	Salaries and Fees		\$ 0			\$0
	Purchase of real estate		□ \$ 0			\$0
	Purchase, rental or leasing and installation of machinery	and equipment	□ \$0	•		\$0
	Construction or leasing of plant buildings and facilities.		□ \$0			\$0
	Acquisition of other businesses (including the value of s may be used in exchange for the assets or securities of a		\$0			\$0
	Repayment of indebtedness		S 0	į		\$0
	Working Capital		□ \$0			\$1,085,459
	Other (specify)		\$ 0	+	Ø	\$
	Column Totals		□ \$0			\$1,085,459
	Total Payments Listed (column totals added)		☒ \$ 1,085,459			,459
		L SIGNATURE				
the	issuer has duly caused this notice to be signed by the unders following signature constitutes an undertaking by the issuer ten request of its staff, the information furnished by the issue	to furnish to the U.S. Securities and Exc	change Co	mmission,	ироп	
Issu	er (Print or Type)	Signature		Date		
Sha	ShangBy, Inc. July 12					, 2007
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)	1			
Ste	phen F. Bell	President and Chief Executive Offi	icer			
	ATTI	ENTION		·		
	Intentional misstatements or omissions of fact cons	titute federal criminal violations. (See 18	8 U.S.C. 10	001.)		

