1376253

FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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	OCT	0 3	2007 در	

FORM D

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

OMB API	PROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated averag	
SEC USI	E ONLY
Prefix	Serial
DATE RE	CEIVED

Name of Offering (Peneck if this is an amendment and name has changed, and indicate change.) Issuance of Series C Preferred Stock (and Common Stock issuable upon conversion thereof) Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE
Type of Filing: New Filing Amendment 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.) Bubble Motion, Inc.	07077624
Address of Executive Offices (Number and Street, City, State, Zip Code) 2593 Coast Avenue, Mountain View, CA 94043 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code) (650) 900-4500 Telephone Number (Including Area Code)
Brief Description of Business Developer of voice applications and services for mobile operators	PROCESSED
Type of Business Organization corporation	(please specify): OCT 10 2007 THOMSON
Actual or Estimated Date of Incorporation or Organization: Month Year	Actual Estimated ate: DE

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 IDE	NTII	FICATION DATA			
Enter the information requested Each promoter of the issuer, Each beneficial owner having Each executive officer and di Each general and managing p	if the issuer has been g the power to vote or irector of corporate is	r dispose, or direct the suers and of corporate	vote	or disposition of, 10%			
Check Box(es) that Apply:	Promoter	Beneficial Owner	\boxtimes	Executive Officer	\boxtimes	Director	General and/or Managing Partner
Full Name (Last name first, if individ	ual)						
Clayton, Thomas							
Business or Residence Address (Num	ber and Street, City,	State, Zip Code)					
2593 Coast Avenue, Mountain View	v, CA 94043	- <u></u> -					
Check Box(es) that Apply:	Promoter	Beneficial Owner	☒	Executive Officer	Ш	Director	General and/or Managing Partner
Full Name (Last name first, if individence Coushik, Sunil	ual)						
Business or Residence Address (Num 2593 Coast Avenue, Mountain View	•	State, Zip Code)					·
	Promoter	Beneficial Owner	×	Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, if individe Crawley, Bill	ual)						
Business or Residence Address (Num 2593 Coast Avenue, Mountain View		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 individe Chan, Adrian	ual)						
Business or Residence Address (Num 2593 Coast Avenue, Mountain View	_	State, Zip Code)		<u></u>			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Ø	Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, if individe Hennessy, Seamus	ual)						-
Business or Residence Address (Num 2593 Coast Avenue, Mountain View	-	State, Zip Code)	-				
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	\boxtimes	Director	General and/or Managing Partner
Full Name (Last name first, if individual Sriperumal, Venu	ual)						
Business or Residence Address (Numi	ber and Street, City.	State, Zip Code)		 			
24 Keppel Bay Drive, #06-34, Singa	, •.						
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	\boxtimes	Director	General and/or Managing Partner
Full Name (Last name first, if individual	ual)						
Manaff, Abdul Rashid Bin Abdul	<u> </u>						
Business or Residence Address (Number 1-1-6 Block P. Plaza Damas, Jalan,	-	-	r, Ma	laysia			

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

	•		Α	. BASIC ID	ENTI	FICATION DATA			
 Each beneficial owr 	e issue ier havi er and	r, if the issuer h ing the power to director of corp	as been vote o orate i	ssuers and of corporat	e vote				securities of the issuer; nd
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	\boxtimes	Director	General and/or Managing Partner .
Full Name (Last name first, it	findivi	idual)							
Garg, Guarav		•							
Business or Residence Addre	ss (Nu	mber and Stree	t, City	, State, Zip Code)					
3000 Sand Hill Road, Buildi	ing 4, 5	Suite 180, Mei	nlo Pa	rk, CA 94025					
Check Box(es) that Apply:		Promoter	\boxtimes	Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, it	findivi	dual)							
Funds affiliated with Sequo	ia Cap	ital							
Business or Residence Addre	ss (Nu	mber and Stree	t, City	, State, Zip Code)					
3000 Sand Hill Road, Buildi	ing 4, 5	Suite 180, Mei	nlo Pa	rk, CA 94025					
Check Box(es) that Apply:	. 🗆	Promoter	\boxtimes	Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, if	indivi	dual)						•	•
United Voice Group Limited	d								
Business or Residence Addres	ss (Nu	mber and Stree	t, City	, State, Zip Code)					
P-1-6 Block P, Plaza Damas	, Jalar	, Sri Hartam:	as 1, 50	0480 Kuala, Lumpu	r, Ma	ılaysia			
Check Box(es) that Apply:		Promoter	×	Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, if	indivi	dual)							1 "
NCD Investors, LLC									
Business or Residence Address	ss (Nui	mber and Stree	t, City	, State, Zip Code)					
649 San Ramon Valley Boul	evard,	, Danville, CA	9456	8					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, if	indivi	dual)							
ldeaMaster Investments Lir	nited					<u>-</u>			
Business or Residence Address	ss (Nui	nber and Stree	t, City	State, Zip Code)					
24 Keppel Bay Drive #06-34	, Singa	apore 098647		·					·
Check Box(es) that Apply:		Promoter	×	Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, if	indivi	dual)							
Beyond Boundary Investme	nts Li	mited							
Business or Residence Addres	ss (Nur	nber and Stree	t, City,	State, Zip Code)					
12901 Vicente Drive, Sunny	vale, C	CA 94086							
Check Box(es) that Apply:		Promoter	×	Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, if	indivi	dual)						,	
Mentor Advisory Private Li	mited			• 			_		
Business or Residence Addres	s (Nur	nber and Stree	t, City,	State, Zip Code)					
#302, Pride Elite, No-10, Mu									

				В.	INFOR	MATION .	ABOUT OI	FFERING				
1 71.	41	. []		na aall ta na	n nagradited	investore in t	his offering	1			Yes	No ⊠
1. Ha	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											۵
2. W	What is the minimum investment that will be accepted from any individual?											N/A_
				1 1 140							Yes ⊠	No
		g permit joint of ation requested :										ш
гег	nuneration for	solicitation of p	ourchasers in o	connection v	vith sales of s	ecurities in th	e offering. I	f a person to	oe listed is ar	ı associated		
		of a broker or de sons to be listed										
	aler only.	G . 101 11 11			•							-
Full Nar	ne (Last name	first, if individ	ual)									
Business	s or Residence	Address (Num	ber and Stree	t, City, State	e, Zip Code)							
Name of	f Associated E	roker or Dealer										
States in	Which Perso	n Listed Has So	licited or Inte	ends to Solic	it Purchasers							
(Chec	k "All States"	or check indiv	iduals States).					***************************************			☐ A	Il States
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						· .						
Full Nar	ne (Last name	first, if individ	ual)									
Business	s or Residence	Address (Num	ber and Stree	t, City, State	e, Zip Code)							
Name of	f Associated E	roker or Dealer										
States in	Which Perso	n Listed Has So	licited or Inte	ends to Solic	it Purchasers	i						
(Chec	k "All States'	or check indiv	iduals States)					***************************************			□ A	II States
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Full Nar	ne (Last name	first, if individ	ual)		,							
Rucinec	s or Residence	Address (Num	her and Stree	t City State	Zin Code)							
Dusines.	or residence	riddiess (ivaii	oci and birec	i, Chy, State	, zip code)							
Name of	f Associated E	roker or Dealer									•	
States in	Which Perso	n Listed Has So	licited or Inte	ends to Solic	it Purchasers		<u></u>					
		or check indiv									Па	II States
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[RJ]		[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	(wv)	[WI]	[WY]	(PR)
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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.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	-	\$0.00
Equity	\$ 10,000,000.20	\$ <u>8,074,984.80</u>
☐ Common ☑ Preferred		
Convertible Securities (including warrants)	\$0.00	\$0,00
Partnership Interests	\$0.00	\$0.00
Other (Specify)	\$0.00	\$0.00
Total		\$ <u>8,074,984.80</u>
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 Investors	Dollar Amount of Purchase
Accredited investors	6	\$ <u>8,074,984.80</u>
Non-accredited Investors		s
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, 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.	Toront	Dellas Assaura
Type of Offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		\$
Rule 504		\$
Total		s
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	_	s
		\$ 65,000.00
Legal Fees		•
		⊅
Legal Fees		
Legal Fees Accounting Fees Engineering Fees		
Legal Fees		\$\$ \$\$ \$\$

Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payments To Officers, Directors & Salaries and fees. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		C. OFFERING PRI	ICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS	
the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4 b above. Payments to Officers, Directors & Affiliates		total expenses furnished in response to Part C - Q	Question 4.a. This difference is the "adjusted gross		\$ 9,934,700.20
Salaries and fees	i.	the purposes shown. If the amount for any purpose left of the estimate. The total of the payments list	se is not known, furnish an estimate and check the box to the sted must equal the adjusted gross proceeds to the issuer s	he	
Purchase of real estate				Officers, Directors &	Payments To Others
Purchase, rental or leasing and installation of machinery and equipment		Salaries and fees.		□ s	□ \$
Construction or leasing of plant buildings and facilities		Purchase of real estate		□ \$	□ \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) S		Purchase, rental or leasing and installation of ma	achinery and equipment	□ s	\$
used in exchange for the assets or securities of another issuer pursuant to a merger) S		Construction or leasing of plant buildings and fa	icilities	\$	S
Working capital		Acquisition of other businesses (including the va- used in exchange for the assets or securities of a	alue of securities involved in this offering that may be nother issuer pursuant to a merger)	\$	□ s
Other (specify):		Repayment of indebtedness		□ s	□ s
Total Payments Listed (column totals added) D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitute undertaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any recredited investor pursuant to paragraph (b)(2) of Rule 502. Signature Subble Motion, Inc. Name of Signer (Print or Type) Title of Signer (Print or Type)		Working capital		\$	\$ 9,934,700.20
Total Payments Listed (column totals added) D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitute undertaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any recredited investor pursuant to paragraph (b)(2) of Rule 502. Substitute Signature Plant Plant		Other (specify):		□ s	\$
D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitute undertaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any recredited investor pursuant to paragraph (b)(2) of Rule 502. Signature Bubble Motion, Inc. Date 128/07 Title of Signer (Print or Type)		Column Totals		 \$	∑ \$ 9,934,700.20
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitute undertaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any recredited investor pursuant to paragraph (b)(2) of Rule 502. Signature Bubble Motion, Inc. Date 1/28/07 Title of Signer (Print or Type)		Total Payments Listed (column totals added	d)	⊠ \$ <u>9,93</u>	4,700.20
Indertaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any recordited investor pursuant to paragraph (b)(2) of Rule 502. Signature Subble Motion, Inc. Name of Signer (Print or Type) Title of Signer (Print or Type)			D. FEDERAL SIGNATURE		
Subble Motion, Inc. Flame 1/28/07 Name of Signer (Print or Type) Title of Signer (Print or Type)	ınde	ertaking by the issuer to furnish the U.S. Securities an	nd Exchange Commission, upon written request of its staff,		
Name of Signer (Print or Type) Title of Signer (Print or Type)		· · · · · · · · · · · · · · · · · · ·	Signature D:	ate glaslaz	
		,	Title of Signer (Print or Type)	11 80107	
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				ENI)
\mathcal{END}				_	
\mathcal{END}			ATTENTION		
END ATTENTION		Intentional Misstatements or Or	missions of Fact Constitute Federal Criminal Violation	ns (See 18 U.S.C. 100	1)