

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000005669 1. Entity Name CARSDIRECT.COM, INC.	
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Principal Place of Business 10567 JEFFERSON BLVD. CULVER CITY, CA 90232	Mailing Address 10567 JEFFERSON BLVD. CULVER CITY, CA 90232
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4711621	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 826 E. PARK AVE. TALLAHASSEE, FL 32301

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRISCO, ROBERT N 10567 JEFFERSON BLVD. CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP MILLER, MARK B 10567 JEFFERSON BLVD. CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WALSH, LYNN 10567 JEFFERSON BLVD. CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MORGAN, HOWARD LEE 10567 JEFFERSON BLVD. CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREENWALD, GERALD 10567 JEFFERSON BLVD. CULVER CITY, CA 90232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARMSTRONG, JAMES T 10567 JEFFERSON BLVD. CULVER CITY, CA 90232

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01/21/04-80022-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-04 (310)804354
Date Daytime Phone #