2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006218

Entity Name: MACROMEDIA, INC.

FILED Apr 21, 2006 Secretary of State

Current Principal Place of Business: ATTN: TAX DEPARTMENT 601 TOWNSEND STREET, SUITE 500 W SAN FRANCISCO, CA 94103 Current Mailing Address:				New Principal Place of Business: ATTN: TAX DEPARTMENT 345 PARK AVENUE SAN JOSE, CA 95110			
				ATTN: TAX DEPARTMENT 601 TOWNSEND STREET, SUITE 500 W SAN FRANCISCO, CA 94103			
FEI Number:	94-3155026	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:		Name and	Address of	New Registered Agent:	
1200 SOUT	ORATION SY TH PINE ISLA ON, FL 33324	ND ROAD					
The above in the State		submits this statement for the pu	rpose o	f changing i	ts registered	office or registered agent, or both,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered Agen	ıt			Date	
Election Can	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BURGESS, RC	ID STREET, SUITE 310-W		Title: Name: Address: City-St-Zip:	PRES (X CHIZEN, BRU 345 PARK AV SAN JOSE, CA	ENUE A15	
Title: Name: Address: City-St-Zip:	BERNSTEIN, D	ID STREET SUITE 500W		Title: Name: Address: City-St-Zip:	VP (2 DEMO, MURR 345 PARK AV SAN JOSE, C	ENUE A15	
Title: Name: Address: City-St-Zip:	NELSON, ELÌZ	ID STREET, SUITE 310-W		Title: Name: Address: City-St-Zip:	VCFO () NARAYEN, SH 345 PARK AV SAN JOSE, C	ENUE A15	
Title: Name: Address: City-St-Zip:	LYNCH, KEVIN	ID STREET, SUITE 310-W		Title: Name: Address: City-St-Zip:	SEC (X COTTLE, KAR 345 PARK AV SAN JOSE, CA	ENUE A15	
Title: Name: Address: City-St-Zip:	STRAMBI, MÌC	ID STREET SUITE 500W		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address:	ELOP, STEPHI) Delete EN ID STREET, SUITE 310-W		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MURRAY DEMO VP 04/21/2006

SAN FRANCISCO, CA 94103

City-St-Zip: