

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90366 020 ***150.00

0658443 AT

DOCUMENT # F00000006218

1. Entity Name
MACROMEDIA, INC.



Principal Place of Business
ATTN: TAX DEPARTMENT
600 TOWNSEND STREET, SUITE 310 W.
SAN FRANCISCO CA 94103

Mailing Address
ATTN: TAX DEPARTMENT
600 TOWNSEND STREET, SUITE 310 W.
SAN FRANCISCO CA 94103



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-3155026**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	BURGESS, ROBERT	
STREET ADDRESS	600 TOWNSEND STREET, SUITE 310-W	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	
TITLE	V	<input type="checkbox"/> Delete
NAME	BERNSTEIN, DAVID	
STREET ADDRESS	600 TOWNSEND STREET SUITE 500W	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	NELSON, ELIZABETH	
STREET ADDRESS	600 TOWNSEND STREET, SUITE 310-W	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	
TITLE	V	<input type="checkbox"/> Delete
NAME	LYNCH, KEVIN	
STREET ADDRESS	600 TOWNSEND STREET, SUITE 310-W	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	
TITLE	T	<input type="checkbox"/> Delete
NAME	STRAMBI, MICHAEL	
STREET ADDRESS	600 TOWNSEND STREET SUITE 500W	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	
TITLE	V	<input type="checkbox"/> Delete
NAME	ELOP, STEPHEN	
STREET ADDRESS	600 TOWNSEND STREET, SUITE 310-W	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 FRAMBI, MICHAEL STRAMBI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/03

(415) 252-2000

CR2E034 (10/02)