

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002177

Entity Name: EDMUNDS.COM, INC.

FILED
Mar 01, 2004
Secretary of State

Current Principal Place of Business:

2401 COLORADO BOULEVARD, SUITE 250
SANTA MONICA, CA 90404

New Principal Place of Business:

Current Mailing Address:

2401 COLORADO BOULEVARD, SUITE 250
SANTA MONICA, CA 90404

New Mailing Address:

FEI Number: 13-2587380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: STEINLAUF, PETER
Address: 2401 COLORADO BOULEVARD, SUITE 250
City-St-Zip: SANTA MONICA, CA 90404

Title: COO () Delete
Name: THOMAS, BOB
Address: 2401 COLORADO BOULEVARD, SUITE 250
City-St-Zip: SANTA MONICA, CA 90404

Title: P () Delete
Name: ANWYL, JEREMY
Address: 2401 COLORADO BOULEVARD, SUITE 250
City-St-Zip: SANTA MONICA, CA 90404

Title: V () Delete
Name: LEVIN, KENNETH
Address: 2401 COLORADO BOULEVARD, SUITE 250
City-St-Zip: SANTA MONICA, CA 90404

Title: T () Delete
Name: FARRELL, CHARLES
Address: 2401 COLORADO BOULEVARD, SUITE 250
City-St-Zip: SANTA MONICA, CA 90404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: FARRELL, CHARLES
Address: 2401 COLORADO BOULEVARD, SUITE 250
City-St-Zip: SANTA MONICA, CA 90404

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: CHARLES E FARRELL

CFO

03/01/2004

Electronic Signature of Signing Officer or Director

Date