
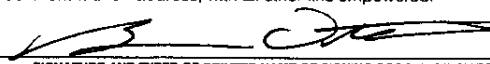


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90121 027 ***550.00

DOCUMENT # F03000000502 1. Entity Name TICKETS.COM, INC.					
Principal Place of Business 555 ANTON BLVD 11TH FL COSTA MESA, CA 92626			Mailing Address 555 ANTON BLVD 11TH FL COSTA MESA, CA 92626		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 06-1424841	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BENSION, RON <input type="checkbox"/> Delete 555 ANTON BLVD 11TH FL COSTA MESA, CA 92626		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPC BAUER, ERIC P <input checked="" type="checkbox"/> Delete 555 ANTON BLVD 11TH FL COSTA MESA, CA 92626		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rowe, Paul <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 555 Anton Blvd 11th Fl Costa Mesa, CA 92626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPP CODIGA, DAVID J <input checked="" type="checkbox"/> Delete 555 ANTON BLVD 11TH FL COSTA MESA, CA 92626		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP THOMAS, CARL A <input type="checkbox"/> Delete 555 ANTON BLVD 11TH FL COSTA MESA, CA 92626		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOODHART, CHRISTOPHER <input type="checkbox"/> Delete 555 ANTON BLVD 11TH FL COSTA MESA, CA 92626		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FROST, CRAIG S <input checked="" type="checkbox"/> Delete 555 ANTON BLVD 11TH FL COSTA MESA, CA 92626		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Henry, Christian <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 555 Anton Blvd 11th Fl Costa Mesa, CA 92626	
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:  Brian D Stich 9-2-04 714.327.5400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					