


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90042 006 \*\*\*150.00

|                                     |  |   |
|-------------------------------------|--|---|
| <b>DOCUMENT # F03000000502</b>      |  |  |
| 1. Entity Name<br>TICKETS.COM, INC. |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>555 ANTON BLVD 11TH FL<br>COSTA MESA, CA 92626 | Mailing Address<br>555 ANTON BLVD 11TH FL<br>COSTA MESA, CA 92626 |
|---|---|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent                               |  |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 |  |

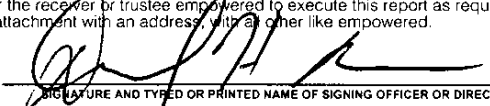
|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| FL   | Zip Code |

|   |  |
|---|--|
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |
| DATE _____  |  |

|   |   |   |
|---|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 6, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice. |
|---|---|---|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEO<br>BENSION, RON<br>555 ANTON BLVD 11TH FL<br>COSTA MESA, CA 92626 <input checked="" type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>MURPHY, ROBERT F<br>555 ANTON BLVD 11TH FL<br>COSTA MESA, CA 92626 <input checked="" type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | EVP<br>THOMAS, CARL A<br>555 ANTON BLVD 11TH FL<br>COSTA MESA, CA 92626 <input checked="" type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CFO<br>HENRY, CHRISTIAN<br>555 ANTON BLVD 11TH FL<br>COSTA MESA, CA 92626 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

|   |  |
|---|--|
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Co-President<br>Larry Witherspoon<br>555 Anton blv # 11<br>Costa Mesa, CA 92626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Co-President<br>Andy Dunkin<br>555 Anton Blv # 11<br>Costa Mesa, CA 92626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | CFO<br>Daniel Wu<br>555 Anton Blv # 11<br>Costa Mesa, CA 92626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

|   |  |
|---|--|
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered. |  |
| SIGNATURE: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |
| Date: 5-17-06 Daytime Phone #: 714-327-5415   |  |

40093055



05172006 Chg-P CR2E034 (11/05)

4. FEI Number  
06-1424841 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required