2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004508

Entity Name: TRAVELZOO SALES, INC.

FILED Jul 01, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

800 W. EL CAMINO REAL, STE. 180 1111 BRICKELL AVENUE MOUNTAIN VIEW, CA 94040 11TH FLOOR

11TH FLOOR MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

800 W. EL CAMINO REAL, STE. 180 MOUNTAIN VIEW, CA 94040

FEI Number: 77-0495018 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP () Delete Title: CEOP (X) Change () Addition

Name: CARTEL, RALPH Name: BARTEL, RALPH

 Address:
 590 MADISON AVE., 21ST FLOOR
 Address:
 590 MADISON AVE., 21ST FLOOR

 City-St-Zip:
 NEW YORK, NY 10022
 City-St-Zip:
 NEW YORK, NY 10022

Title: SD () Delete Title: () Change () Addition

Name: BARTEL. RALPH Name: () Change () Addition

Address: 590 MADISON AVE., 21ST FLOOR Address: City-St-Zip: NEW YORK, NY 10022 City-St-Zip:

Title: CAO () Change (X) Addition

Name: Name: SU, LISA C

 Address:
 Address:
 800 W. EL CAMINO REAL, SUITE 180

 City-St-Zip:
 City-St-Zip:
 MOUNTAIN VIEW, CA 94040

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: LISA SU CT 07/01/2004