

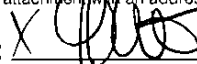


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90057 006 ***150.00

DOCUMENT # F94000003794 1. Entity Name AVID TECHNOLOGY, INC.			
Principal Place of Business AVID TECHNOLOGY PARK ONE PARK WEST TEWKSBURY, MA 01876		Mailing Address ATTN: E. DESROCHERS AVID TECHNOLOGY PARK, ONE PARK WEST TEWKSBURY, MA 01876 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04042007 Chg-P CR2E034 (12/06)	
			
		4. FEI Number 04-2977748	
		Applied For <input type="checkbox"/> Not Applicable	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	PD KRALL, DAVID A <input type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRALL, DAVID A	NAME	Parisi, Paige
STREET ADDRESS	AVID TECHNOLOGY PARK, ONE PARK WEST	STREET ADDRESS	One Park West
CITY-ST-ZIP	TEWKSBURY, MA 01876	CITY-ST-ZIP	Tewksbury, MA 01876
TITLE	D <input type="checkbox"/> Delete	TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAWTHORNE, NANCY	NAME	Borden, Mark G.
STREET ADDRESS	AVID TECHNOLOGY PARK, ONE PARK WEST	STREET ADDRESS	One Park West
CITY-ST-ZIP	TEWKSBURY, MA 01876	CITY-ST-ZIP	Tewksbury, MA 01876
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKS, ETHAN E	NAME	Lenahan, Pamela F.
STREET ADDRESS	AVID TECHNOLOGY PARK, ONE PARK WEST	STREET ADDRESS	One Park West
CITY-ST-ZIP	TEWKSBURY, MA 01876	CITY-ST-ZIP	Tewksbury, MA 01876
TITLE	AS <input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAZMER, CAROL E	NAME	Billings, George H.
STREET ADDRESS	AVID TECHNOLOGY PARK, ONE PARK WEST	STREET ADDRESS	One Park West
CITY-ST-ZIP	TEWKSBURY, MA 01876	CITY-ST-ZIP	Tewksbury, MA 01876
TITLE	T <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMOUNTAIN, JOHN	NAME	Daley, Elizabeth M.
STREET ADDRESS	AVID TECHNOLOGY PARK, ONE PARK WEST	STREET ADDRESS	One Park West
CITY-ST-ZIP	TEWKSBURY, MA 01876	CITY-ST-ZIP	Tewksbury, MA 01876
TITLE	D <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUTTAG, JOHN	NAME	Moon, Youngme E.
STREET ADDRESS	AVID TECHNOLOGY PARK, ONE PARK WEST	STREET ADDRESS	One Park West
CITY-ST-ZIP	TEWKSBURY, MA 01876	CITY-ST-ZIP	Tewksbury, MA 01876
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 all other like empowered.			
SIGNATURE: 		Paige Parisi	
		4/4/07 978-640-5084	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	