

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90467 007 \*\*\*150.00

**DOCUMENT # F97000001895**

1. Entity Name

**SMARTDISK CORPORATION**

Principal Place of Business

Mailing Address

3506 MERCANTILE AVE.  
 NAPLES FL 34104

3506 MERCANTILE AVE.  
 NAPLES FL 34104-3310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0733580**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPAMERICA, INC.**  
**1525 S. ANDREWS AVE., #216**  
**FT LAUDERDALE FL 33316**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PTDC  
 BATTAGLIA, MICHAEL S  
 STREET ADDRESS 3506 MERCANTILE AVE.  
 CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE NAME PD ☒ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME D  
 FISCHER, ADDISON M  
 STREET ADDRESS 3506 MERCANTILE AVE.  
 CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE NAME C ☒ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME S  
 TOMLINSON, TIMOTHY  
 STREET ADDRESS 200 PAGE MILL RD, 2ND FLOOR  
 CITY-ST-ZIP PALO ALTO CA 94306 ☐ Delete

TITLE NAME D ☐ Change ☒ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME D  
 BIDZOS, D. JAMES  
 STREET ADDRESS 3506 MERCANTILE AVENUE  
 CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE NAME Tucci, Joseph M. ☐ Change ☒ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME D  
 MORITA, SHIGEKI  
 STREET ADDRESS 3506 MERCANTILE AVENUE  
 CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE NAME D ☐ Change ☒ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME CEO  
 MATTINGLY, MICHAEL  
 STREET ADDRESS 3506 MERCANTILE AVENUE  
 CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)