


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90236 040 ***150.00

DOCUMENT # F97000001895 1. Entity Name SMARTDISK CORPORATION					
Principal Place of Business 12780 WESTLINKS DRIVE FORT MYERS, FL 33913			Mailing Address 12780 WESTLINKS DRIVE FORT MYERS, FL 33913		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATE SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATTAGLIA, MICHAEL S		NAME		
STREET ADDRESS	12780 WESTLINKS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISCHER, ADDISON M		NAME		
STREET ADDRESS	12780 WESTLINKS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TOMLINSON, TIMOTHY		NAME	Timothy Curran	
STREET ADDRESS	200 PAGE MILL RD, 2ND FLOOR		STREET ADDRESS	141 Bay Point Dr NE	
CITY-ST-ZIP	PALO ALTO, CA 94306		CITY-ST-ZIP	Saint Petersburg, FL 33704-3805	
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IBARGUEN, ANTHONY		NAME		
STREET ADDRESS	800 THE SAFEGUARD BLDG, 435 DEVON PARK		STREET ADDRESS		
CITY-ST-ZIP	WAYNE, PA 19087		CITY-ST-ZIP		
TITLE	CFO		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUINN, PETER		NAME		
STREET ADDRESS	12780 WESTLINKS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAMPOURIS, EMMANUEL A		NAME		
STREET ADDRESS	VAN BEUREN ROAD		STREET ADDRESS		
CITY-ST-ZIP	MORRISTOWN, NJ 07960		CITY-ST-ZIP		
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: _____			Date: 2/8/05 Daytime Phone #: 239-425-4020		