2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 23, 2004 08:00 AM Secretary of State

DOCUMENT # J43080 1. Enlity Name BORDERS, INC.		
Principal Place of Business	Mailing Address	
1601 SW 1ST STREET	1601 SW 1ST STREET	
MIAMI, FL 33135	MIAMI, FL 33135	

DO NOT WRITE IN THIS SPACE



i indiția diti din	d'A fillt Maibl tafill mai	1 Almii Mimir athii athii Ainit Mibirali ii radi
01212004	No Chg-P	CR2E034 (10/03)

Applied For 4. FEI Number 59-2803144 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent MEEKS, STEPHEN L

5745 SW 48 STREET MIAMI, FL 33155

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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	Signature, typed or printed name of registered agent and little	Fapplicable (NOTE Registered	Agent signatur	e required when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution	ing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEEKS, STEPHEN L 5745 SW 48TH STREET MIAMI, FL 33155						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					0000000 04/23/04-	126996 80056-018 150.00	
TITLE NAME STREET ADDRESS CITY+ST-ZIP		İ		DO	NOT WE	RITE	
TITLE NAME STREET ADDRESS CITY ST-ZIP				IN '	THIS SPA	ACE	
TITLE NAME STREET ADDRESS CITY ST ZIP							
TITLE NAME STREET ADDRESS 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 supplierental 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: **Application** **Applicatio							
SIGNATURE: 2 Miplien 1 1000 4/20/04 305,649,0324							