File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham FILED ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAY -4 PM 4: 09 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA Name and Malling Address of Limited Liability Company **DOCUMENT** # M9700000017 1a. Principal Place of Business Address BABBAGE'S ETC. LLC 1013 CENTRE ROAD 1013 CENTRE ROAD WILMINGTON DE 19805 WILMINGTON DE 19805 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 0250 William D. Tate Ave 01/17/1997 4. FEI Number DE Suite, Apt. #, etc. Sulte, Apt. #, etc. Applied For City & State City & State Not Applicable 13-3917707 5. Date of Last Report 6. Certificate of Status Desired Zip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office CORPORATION SERVICE , COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Suite, Apt. #, etc. City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM RIGGIO, LEONARD 122 FIFTH AVENUE, FOURTH F NEW YORK NY 10011 MGR DAVID CARLSON Grapevinu, TX 76051 2250 William D. Tate Ave. Grapevirle, TX 7605/ MGR RICHARD FONTAINE 2250 William D. Tak Ave

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: ____

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/21/98

317-424.2000

Daytime Phone #