

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90028 001 ***150.00

DOCUMENT # P13641

1. Entity Name
DOUBLEDAY BOOK SHOPS, INC.



Principal Place of Business
122 FIFTH AVE
ATTN: TAX DEPARTMENT
NEW YORK, NY 10011 US

Mailing Address
122 FIFTH AVENUE
ATTN: TAX DEPT
NY, NY 10011 US

40003700



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-1971604

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL ST
TALLAHASSEE, FL 32303

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CFO
NAME	LOMBARDI, JOSEPH
STREET ADDRESS	122 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10011
TITLE	COO
NAME	KLIPPER, MITCHELL
STREET ADDRESS	122 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10011
TITLE	CEO
NAME	RIGGIS, STEPHEN
STREET ADDRESS	122 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10011
TITLE	DS
NAME	ROSEN, MICHAEL
STREET ADDRESS	1290 AVE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY
TITLE	D
NAME	MILLER, IRENE
STREET ADDRESS	122 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10011
TITLE	AS
NAME	MCSWEENEY, JOHN
STREET ADDRESS	122 FIFTH AVE
CITY-ST-ZIP	NEW YORK, NY 10011

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John P. McSweeney John McSweeney 1/6/05 212 633 3559