

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90254 033 \*\*\*150.00

60003018



01052006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P13641</b>					
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		
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 11-1971604	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 1333 NORTH DUVAL ST TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	CFO LOMBARDI, JOSEPH 122 FIFTH AVENUE NEW YORK, NY 10011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO KLIPPER, MITCHELL 122 FIFTH AVENUE NEW YORK, NY 10011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RIGGIS, STEPHEN 122 FIFTH AVENUE NEW YORK, NY 10011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROSEN, MICHAEL 1290 AVE OF THE AMERICAS NEW YORK, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, IRENE 122 FIFTH AVENUE NEW YORK, NY 10011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCSWEENEY, JOHN 122 FIFTH AVE NEW YORK, NY 10011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>John P. McSweeney</i>		Date: 1/6/06		Daytime Phone #: 212 633 3559	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					