

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90375 019 ***150.00

DOCUMENT # S98743

1. Entity Name
SOFTKEY SOFTWARE PRODUCTS OF FLORIDA, INC.



Principal Place of Business
**333 CONTINENTAL BLVD.
M1-1518
EL SEGUNDO, CA 90245 US**

Mailing Address
**333 CONTINENTAL BLVD.
M1-1518
EL SEGUNDO, CA 90245 US**

14004820



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0312090

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DCS
NAME	NORMILE, ROBERT
STREET ADDRESS	333 CONTINENTAL BLVD.
CITY-ST-ZIP	EL SEGUNDO, CA 902455012
TITLE	DP
NAME	O'BRIEN, CHRISTOPHER
STREET ADDRESS	333 CONTINENTAL BLVD.
CITY-ST-ZIP	EL SEGUNDO, CA 902455012
TITLE	DV
NAME	FARR, KEVIN
STREET ADDRESS	333 CONTINENTAL BLVD.
CITY-ST-ZIP	EL SEGUNDO, CA 902455012
TITLE	SVT
NAME	STAVRO, WILLIAM
STREET ADDRESS	333 CONTINENTAL BLVD.
CITY-ST-ZIP	EL SEGUNDO, CA 902455012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 supplement thereto 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 a notary public or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER O'BRIEN

Date

Daytime Phone #

4/14/04 (310)252-4821