Page 1 of 2

PAGE 02/02

FILED
05 OCT 26 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S98743

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

Principal Place of Business	Mailing Address
333 CONTINENTAL BLVD. MT-1518 EL SEGUNDO, CA 90245 US	333 CONTINENTAL BLVD. MT-1518 EL SEGUNDO, CA 90245 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

10252005 REIN-P CR2EOSB (6/04)

4. FEI Number
66-0312090
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 Connie Bryan Special Asst. Secretary 10/26/05
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 January 1, 2006, Fee will be $300.00

In accordance with s. 607.1932(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCS NORMILE, ROBERT 333 CONTINENTAL BLVD. EL SEGUNDO, CA 902455012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP NORMAN GHOLSON 333 CONTINENTAL BLVD. EL SEGUNDO, CA 90245-5012	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP O'BRIEN, CHRISTOPHER 333 CONTINENTAL BLVD. EL SEGUNDO, CA 902455012	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVT MICHAEL ALAN SALOP 333 CONTINENTAL BLVD. EL SEGUNDO, CA 90245-5012	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV FARR, KEVIN 333 CONTINENTAL BLVD. EL SEGUNDO, CA 902455012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS RENEE GELBART 333 CONTINENTAL BLVD. EL SEGUNDO, CA 90245-5012	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVT STAVRO, WILLIAM 333 CONTINENTAL BLVD. EL SEGUNDO, CA 902455012	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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: Renee Gelbart - RENEE GELBART 10-25-05 (310)252-4859
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR Date Daytime Phone #

Florida Department of State

Division of Corporations

Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

SOFTKEY SOFTWARE PRODUCTS OF FLORIDA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$750.00~~

$150.00

PLEASE NOTE / PROPER FEES.

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