

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

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FILED

06 MAY 31 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02212006 No Chg-P CR2E034 (11/05) 06

4. FEI Number
65-0312090

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

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

100076304511
06/19/06--01005--019 **550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCS NORMILE, ROBERT 333 CONTINENTAL BLVD. EL SEGUNDO, CA 902455012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GHOLSON, NORMAN 333 CONTINENTAL BLVD. EL SEGUNDO, CA 90245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FARR, KEVIN 333 CONTINENTAL BLVD. EL SEGUNDO, CA 902455012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT SALOP, MICHAEL A 333 CONTINENTAL BLVD. EL SEGUNDO, CA 902455012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GELBART, RENEE 333 CONTINENTAL BLVD. EL SEGUNDO, CA 902455012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Renee Gelbart* ASSISTANT SECRETARY 5-25-06 (310) 252-4859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell MAY 31 2006