


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

0659443 AT

05-05-2003 90366 020 ***150.00

DOCUMENT # F00000006218	
1. Entity Name MACROMEDIA, INC.	

Principal Place of Business ATTN: TAX DEPARTMENT 600 TOWNSEND STREET, SUITE 310 W. SAN FRANCISCO CA 94103	Mailing Address ATTN: TAX DEPARTMENT 600 TOWNSEND STREET, SUITE 310 W. SAN FRANCISCO CA 94103
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State	City & State	4. FEI Number 94-3155026	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE CD <input type="checkbox"/> Delete	NAME BURGESS, ROBERT STREET ADDRESS 600 TOWNSEND STREET, SUITE 310-W CITY-ST-ZIP SAN FRANCISCO CA 94103
TITLE V <input type="checkbox"/> Delete	NAME BERNSTEIN, DAVID STREET ADDRESS 600 TOWNSEND STREET SUITE 500W CITY-ST-ZIP SAN FRANCISCO CA 94103
TITLE VCFO <input type="checkbox"/> Delete	NAME NELSON, ELIZABETH STREET ADDRESS 600 TOWNSEND STREET, SUITE 310-W CITY-ST-ZIP SAN FRANCISCO CA 94103
TITLE V <input type="checkbox"/> Delete	NAME LYNCH, KEVIN STREET ADDRESS 600 TOWNSEND STREET, SUITE 310-W CITY-ST-ZIP SAN FRANCISCO CA 94103
TITLE T <input type="checkbox"/> Delete	NAME STRAMBI, MICHAEL STREET ADDRESS 600 TOWNSEND STREET SUITE 500W CITY-ST-ZIP SAN FRANCISCO CA 94103
TITLE V <input type="checkbox"/> Delete	NAME ELOP, STEPHEN STREET ADDRESS 600 TOWNSEND STREET, SUITE 310-W CITY-ST-ZIP SAN FRANCISCO CA 94103

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
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TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME

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: *[Handwritten Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** MICHAEL STRAMBI **DATE** 3/26/03 **Daytime Phone #** (415) 252-2000

CR2E034 (10/02)