

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90070 014 ***150.00

UBR-02 AI

DOCUMENT # F01000002177

1. Entity Name
EDMUNDS.COM, INC.

Principal Place of Business 2401 COLORADO BOULEVARD, SUITE 250 SANTA MONICA CA 90404	Mailing Address 2401 COLORADO BOULEVARD, SUITE 250 SANTA MONICA CA 90404
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number 13-2587380	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NRAI SERVICES, INC.		Name	
526 E. PARK AVENUE		Street Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301		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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STEINLAUF, PETER 2401 COLORADO BOULEVARD, SUITE 250 SANTA MONICA CA 90404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO THOMAS, BOB 2401 COLORADO BOULEVARD, SUITE 250 SANTA MONICA CA 90404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STEINLAUF, PETER 2401 COLORADO BOULEVARD, SUITE 250 SANTA MONICA CA 90404 <input checked="" 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	P ANWYL, JEREMY 2401 COLORADO BOULEVARD, SUITE 250 SANTA MONICA CA 90404 <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	V LEVIN, KENNETH 2401 COLORADO BOULEVARD, SUITE 250 SANTA MONICA CA 90404 <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	T FARRELL, CHARLES 2401 COLORADO BOULEVARD, SUITE 250 SANTA MONICA CA 90404 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles Farrell* **3/4/2002**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)