

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91832 014 ***150.00

0598081 AT

DOCUMENT # **F02000003636**

1. Entity Name
CBS SOFTWARE, INC.



Principal Place of Business
**1312 S. STATE COLLEGE PKWY.
ANAHEIM CA 92806**

Mailing Address
**1312 S. STATE COLLEGE PKWY.
ANAHEIM CA 92806**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **33-0646096**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOUNG, MICHAEL
320 S. FLAMINGO RD., #155
PEMBROKE PINES FL 33027**

Name **MICHAEL YOUNG**
Street Address (P.O. Box Number is Not Acceptable)
4791 SW 82ND ST AVE, #3
City **Fort LAUDERDALE** FL Zip Code **33328**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | CP | <input type="checkbox"/> Delete |
| NAME | JULIAN, COLLEEN | |
| STREET ADDRESS | 19231 PARKER CIRCLE | |
| CITY-ST-ZIP | VILLA PARK CA 92861 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | MACMURTRY, DEAN | |
| STREET ADDRESS | 4716 CANDLEBERRY | |
| CITY-ST-ZIP | SEAL BEACH CA 90740 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *Colleen Julian* **FILED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 **714.827.9940**
Date Daytime Phone #

CR2E034 (10/02)