FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 JUN 20 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K63718

1. Entity Name
BSD SOFTWARE, INC.

DO NOT WRITE IN THIS SPACE

000021277690
07/02/03--01062--029 **550.00

DO NOT WRITE IN THIS SPACE 03

2. Principal Place of Business	3. Mailing Address
78 Kinkora Drive	78 Kinkora Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winnipeg, Manitoba	City & State: Winnipeg, Manitoba
Zip: R3R2L6 Country: CANADA	Zip: R3R2L6 Country: CANADA

4. FEI Number: 31-1586472 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Troy Rillo, Esq.

Street Address (P.O. Box Number is Not Acceptable)

201 S. Biscayne Blvd., 20th Floor

City: Miami FL Zip Code: 33131

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: Guy Fietz Troy Rillo JUNE 13/03
Signature, typed or printed name of registered agent and title if applicable (Required) Registered Agent signature required when changing Date

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Fietz, Guy 78 Kinkora Dr., Winnipeg, Manitoba R3R2L6	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Guy Fietz Guy Fietz JUNE 13 03 403-359-7580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #