

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

DOCUMENT # LD000008820	
1. Entity Name I2S SOFTWARE, LLC	

FILED

03 MAY -9 AM 9:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6230 W 21 CT Suite, Apt. #, etc.	3. Mailing Address 6230 W 21 CT Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

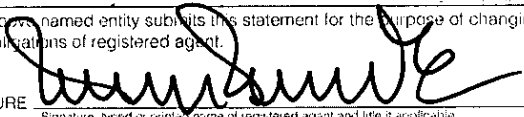
City & State Hialeah FL	City & State Hialeah FL	4. FEI Number 65-1120909	Applied For ☐ Not Applicable
Zip 33016	Country USA	Zip 33016	Country USA
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Luis F. JACOBO
Street Address (P.O. Box Number is Not Acceptable) 6230 West 21 CT
City Hialeah
State FL
Zip Code 33016

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  DATE **04/30/03**

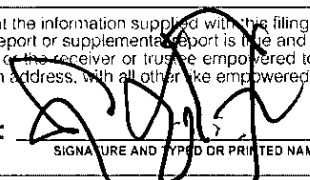
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM IVAR THRASTARSON 1800 SUNSET HARBOUR DR #711 Miami FL 33139	TITLE NAME STREET ADDRESS CITY - ST - ZIP 200019679732 05/21/03--01049--003 **50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM SIGVEUR PETURSSON 1800 SUNSET HARBOUR DR #711 Miami FL 33139	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 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:  DATE **4/30/03** (305) 556-0044

CR2E034B (12/02)