2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000024532

1. Entity Name
BITDEFENDER LLC

FILED
2005 JUL -8 PM 2:08
DIVISION OF CORPORATIONS

Principal Place of Business	Mailing Address
3700 AIRPORT ROAD SUITE 401 BOCA RATON,, FL 33431	2800 EAST COMMERCIAL BLVD. STE 208 FT. LAUDERDALE, FL 33308

2. Principal Place of Business	3. Mailing Address
6301 NW 5th Way	
Suite, Apt. #, etc.: Suite 3500	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, Fl	City & State
Zip: 33309 Country: Broward	Zip Country

07052005 Chg-LLC CR2E083 (10/03)

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KATZ, ALLEN H 2800 EAST COMMERCIAL BLVD. STE 208 FT. LAUDERDALE, FL 33308	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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SC SOFTWIN SRL 20 MAGURICEA STREET, 1ST DISTRICT, 014234 BUCHAREST, ROMANIA, ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEED, LARRY 3700 AIRPORT ROAD BOCA RATON, FL 33431 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lewis, Eric 6301 NW 5th Way Suite 3500 Ft. Lauderdale, Fl 33309 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900057213959 03/07/05--90062--013 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Eric D Lewis 7/5/05 561 260-8815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #