2006 LIMITED LIABILITY COMPANY

Apr 17, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #L05000003520** 04-17-2006 90039 010 ****50.00 1. Entity Name NAVARRE SOFTWARE, LLC 20030741 Principal Place of Business Mailing Address 8367 VERDURA STREET 8367 VERDURA STREET NAVARRE, FL 32566-9293 NAVARRE, FL 32566-9293 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OLSON, DAVID S Street Address (P.O. Box Number is Not Acceptable) 8367 VERDURA STREET NAVARRE, FL 32566-9293 City 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. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR Delete TITLE Change ☐ Addition TITLE OLSON, DAVID S NAME 8367 VERDURA STREET STREET ADDRESS STREET ADDRESS NAVARRE, FL 325669293 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

Delete

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

14 Apric (850) 499-3107 SIGNATURE: NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE