PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUL 17 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000077496

1. Corporation Name

Broadcast Software Corporation

Principal Place of Business	Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
20310 Empire Avenue	20310 Empire Avenue
Suite, Apt. #, etc. A102	Suite, Apt. #, etc. A102
City & State Bend, Oregon	City & State Bend, Oregon
Zip 97701 Country USA	Zip 97701 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/3/95

5. FEI Number: 59-3365450 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒ — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
CEO,D	David Ransen	2298 N.W. 57th St.	Boca Raton, FL 33496
P, D	Cliff Joyce	20310 Empire Avenue, #A102	Bend, Oregon 97701

500002597055--4
-07/23/98--01093--009
****923.75 ****923.75

500002597055--4
-07/23/98--01093--010
****135.00 ****135.00

8. Name and Address of Current Registered Agent

Elizabeth Wilsman
318 East Palmetto Park Rd
Boca Raton, Fl 33432

9. Name and Address of New Registered Agent

Name: UNITED CORPORATE SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable): 801 NORTHEAST 167th STREET
Suite, Apt. #, Etc.: SUITE 300
City: NORTH MIAMI BEACH, State: FL Zip Code: 33162

CR2E040 (1-95)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: _____ Date: 7-16-98
REGISTERED AGENT MUST SIGN
Michael A. Barr, Pres.

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ CLIFTAN C. JOYCE 7/7/98 541-317-0428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Suite, Apt. #, etc. A102	Suite, Apt. #, etc. A102
City & State Bend, Oregon	City & State Bend, Oregon
Zip 97701 Country USA	Zip 97701 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/3795

5. FEI Number 59-3365450 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $30.00 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
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P, D	Cliff Joyce	20310 Empire Avenue, #A102	Bend, Oregon 97701

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