2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000062554

Entity Name: STREET SOFTWARE TECHNOLOGY, INC.

FILED May 01, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	A DEL SOL ON, FL 33432	US		
Current Mailing Address:			New Mailing Address:	
	A DEL SOL ON, FL 33432	US		
FEI Number:	65-0689016	FEI Number Applied For () FEI Number	mber Not Appli	icable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
COHEN, SHARON 1702 COSTA DEL SOL BOCA RATON, FL 33432 US				
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.				
SIGNATURE:				
	Electronic	Signature of Registered Agent		Date
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PSTD () DO COHEN, SHARON 1702 COSTA DEL BOCA RATON, FL	SOL	Title: Name: Address: City-St-Zip:	PC (X) Change () Addition COHEN, SHARON 1702 COSTA DEL SOL BOCA RATON, FL 33432
Title: Name: Address: City-St-Zip:	() D	elete	Title: Name: Address: City-St-Zip:	DV () Change (X) Addition COHEN, MARK 1702 COSTA DEL SOL BOCA RATON, FL 33432
Title: Name: Address: City-St-Zip:	() D	elete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition HRANNARSSON, KJARTAN 1702 COSTA DEL SOL BOCA RATON, FL 33432
Title: Name: Address: City-St-Zip:	() D	elete	Title: Name: Address: City-St-Zip:	XX () Change (X) Addition XX, XX XX, XX XX
Title: Name: Address: City-St-Zip:	() Di	elete	Title: Name: Address: City-St-Zip:	XX () Change (X) Addition XX, XX XX, XX XX
Title: Name: Address: City-St-Zip:	() D	elete	Title: Name: Address: City-St-Zip:	ST () Change (X) Addition BRAFMAN, MILTON 1702 COSTA DEL SOL BOCA RATON, FL 33432
I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above or on an attachment with an address, with all other like empowered.				

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

SIGNATURE: MARK COHEN

DV 05/01/2002