FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90111 003 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062554

90134998

1. Entity Name
STREET SOFTWARE TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
1702 COSTA DEL SOL BOCA RATON, FL 33432 US	1702 COSTA DEL SOL BOCA RATON, FL 33432 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0689016** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COHEN, SHARON 1702 COSTA DEL SOL BOCA RATON, FL 33432	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 resigning) DATE

FILE NOW!!! FEE IS $150.00 !!
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PC ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COHEN, SHARON	NAME	
STREET ADDRESS	1702 COSTA DEL SOL	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	
TITLE	DV ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COHEN, MARK	NAME	
STREET ADDRESS	1702 COSTA DEL SOL	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HRANNARSSON, KJARTAN	NAME	
STREET ADDRESS	1702 COSTA DEL SOL	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	
TITLE	XX ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	XX	NAME	
STREET ADDRESS	XX	STREET ADDRESS	
CITY-ST-ZIP	XX, XX XX	CITY-ST-ZIP	
TITLE	XX ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	XX	NAME	
STREET ADDRESS	XX	STREET ADDRESS	
CITY-ST-ZIP	XX, XX XX	CITY-ST-ZIP	
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRAFMAN, MILTON	NAME	
STREET ADDRESS	1702 COSTA DEL SOL	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #