2000 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2000 8:00 am Secretary of State P96000099388 (6) DOCUMENT # 1. Entity Name ASIA MILLENNIUM INVESTMENTS, INC. 05-11-2000 90253 001 ***511.25 Principal Place of Business Mailing Address 3501 N.E. 10th Street 34470 Ocala, FL 14302 2. Principal Place of Business 3. Mailing Address 10th Street 3501 N.E. Florida Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FLOcala, 65-0716245 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34470 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama JOHNSEN, ROSE J. Street Address (P.O. Box Number is Not Acceptable) 3501 N.E. 10th Street Ocala, FL 34470 Zip Code City FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ☐ Delete TITLE President-Director Change ☐ Addition TITLE NAME NAME Bruce E. Thomsen STREET ADDRESS STREET ADDRESS 16947 Patricia Way CITY-ST-ZIP CITY-ST-ZIE Grass Valley, CA 95949 🏹 Change ☐ Delete ☐ Addition TITLE TITLE Secretary-Director NAME STREET ADDRESS Rose J. Johnsen STREET ADDRESS 3501 N.E. 10th Street CITY_ST-7IP CITY-ST-ZIP Ocala, FL 34470 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TID F NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 13. 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 11 or Block 12 if changed, or on an attended to the corporation of the receiver of trustee empowered. Johnsen, Secretary-Director 949 768-2197

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03 - 14 - 00

Daytime Phone #

Date