2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P99000091738 May 11, 2000 8:00 am Secretary of State 1. Entity Name FUTURE LANDING, INC. 05-11-2000 90324 010 ***150.00 Principal Place of Business Mailing Address 1103 BELLADONNA DRIVE 1103 BELLADONNA DRIVE BRANDON FL 33510-2964 BRANDON FL 33510 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SOON SUH, JUNG H Street Address (P.O. Box Number is Not Acceptable) //03 Belladonna D 1103 BELLADONNA DRIVE **BRANDON FL 33510** BRANDON. 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00, May, Be After MAY-1, 2000' Fee Will be \$550.00" Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete Addition Change TITLE TITLE SUH, SOON HEE SUH, JUNG H NAME NAME 1103 BELLADONNA DRIVE 1103 Belladonna DR STREET ADDRESS STREET ADDRESS **BRANDON FL 33510** CITY-ST-ZIP BRANDON FL 335/0 CITY-ST-ZIP ☐ Addition ☐ Delete Change ·TITLE NAME 10 1 2 50 STREET ADDRESS STREET ADDRESS 17. CITY-ST-ZIP CITY-ST-ZIP . ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered.

Daytime Phone #