2002 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 19, 2002 8:00 amg Secretary of State **DOCUMENT #** P99000091738 1. Entity Name 05-19-2002 90065 034 ***150.00 FUTURE LANDING, INC. Principal Place of Business Mailing Address 13604 S VILLAGE DR 1103 BELLADONNA DRIVE **BRANDON FL 33510** # 2102 TAMPA FL 33624 2. Principal Place of Business 3. Mailing Address. /3604 VILLAGE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2102 City & State City & State 4. FEI Number Applied For 59-3610256 1amos Not Applicable -Country----\$8.75-Additional --- = 5. Certificate of Status Desired 33624 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUH, SOON HEE Street Address (P.O. Box Number is Not Acceptable) 1103 BELLADONNA DRIVE BRANDON FL 33510 City 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01)? TITLE TITLE D: ☐ Delete ☐ Change ☐ Addition NAME SUH, SOON HEE NAME STREET ADDRESS 1103 BELLADONNA DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BRANDON FL 33510** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED