2004 FOR PROFIT CORPORATION

SIGNATURE:

Mar 05, 2004 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # F03000005995** 03-05-2004 90014 013 ***150.00 YELLOW STONE MANAGEMENT INTERNATIONAL CORP. Principal Place of Business Mailing Address FENERBAHGE-IGRIP GIKMAZIE NO. 4/3 FENERBAHGE-IGRIP GIKMAZIE NO. 4/3 KADIKY ISTANBUL TURKEY, KADIKY ISTANBUL TURKEY, 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272004 CR2E034 (10/03) 4. FEI Number City & State City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name البيدا يرازيها الداعد للوراجة أدي الراجة ويقويط فيعيد المحج عدر الطب وتعوره BRUNTON REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 4710 NW 2ND AVENUE, #101 BOCA RATON, FL 33431 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. 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 19. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME KORAL SARITAS, MEHMET NAME STREET ADDRESS FENERBAHGE-IGRIP GIKMAZIE NO. 4/3 STREET ADDRESS CITY-ST-ZIP KADIKY ISTANBUL TURKEY. CITY-ST-ZIP TITLE Delete TITLE ☐ Change □ Addition SARITAS, PERRAN NAME NAME STREET ADDRESS FENERBAHGE-IGRIP GIKMAZIE NO. 4/3 STREET ADDRESS CITY-ST-ZIP KADIKY ISTANBUL TURKEY, CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

FILED