## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 05, 2008 8:00 am DOCUMENT # F04000005234 Secretary of State 05-05-2008 90243 046 \*\*\*150.00 MADISON & LEX CORPORATION Principal Place of Business Mailing Address 2000 SOUTH BLVD 2000 SOUTH BLVD CHARLOTTE NC 28203 CHARLOTTE NC 28203 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 16139 LANCASTOR NUT 16139 LANCASIER HWY 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For 65-0891132 Charlo Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MISUN, HONG Address (P.O. Box Number is Not Acceptable) C/O CHONG 7595 BAYMEADOWS CIR WEST #1611 JACKSONVILLE FL 32256 8. The above named egypt britis this state fient 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 (NOTE Registered Agent signifiline required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ٦٥. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 6 PT TITLE TITLE ■ Addition ☐ Delete Change Kesslar, wowAPD KESSLER, EDWARD NAME NAME 14139 LANCASTOR ITCUY STREET ADDRESS SUITE 410 2000 SOUTH BLVD. STREET ADDRESS CHARLOTTE NC 28203 CITY-ST-ZIP CITY-ST-78 Charlo He **VCVP** TITLE ☐ Delete TITLE 🗶 Change Addition JONG IMISUN NAME HONG, MISUN NAME STREET ADDRESS SUITE 410 2000 SOUTH BLYD. STREET ADDRESS **GHARLOTTE NC 28203** CITY-ST-ZIP CITY-ST-ZIP De:ete TITLE S Change TITLE ☐ Addition NAME HONE, MKUN HONG, MISUN STREET ADDRESS SUITE 410 2000 SOUTH BEVD. STREET ADDRESS CITY-ST-ZIP CHARLOTTE NG 20209 CITY-ST-78 TITLE TITLE ☐ Dalete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY - ST- ZIP ☐ Delete ☐ Change Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 of 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 attachness

**FILED**