2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F9400002925 May 10, 2001 8:00 am Secretary of State JULIE & SONG, INC. 05-10-2001 90120 035 ***150.00 Mailing Address Principal Place of Business 2001 HODGES BLVD 5606 BUFFALO AVE JACKSONVILLE FL 32208 1710 JACKSONVILLE FL 32224 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 99-0305477 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YU. KI-JOON Street Address (P.O. Box Number is Not Acceptable) 2001 HODGES BLVD #1710 JACKSONVILLE FL 32224 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 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, 2001 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. **PSDC** ☐ Addition Change TITLE Delete TITLE YU. SONG J NAME NAME 2001 HODGES BLVD, #507 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete YU, KI-JOON NAME NAME 2001 HODGES BLVD. #507 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition - Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ■ Addition Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

☐ Change

☐ Addition