

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90043 003 \*\*\*150.00



|                                                                  |                                                                                                                                                                                                             |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> | <br><b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br><b>DIVISION OF CORPORATIONS</b> |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**DOCUMENT # F98000007056**

1. Corporation Name  
**KOREA TELECOM AMERICA, INC.**

|                                                                                            |                                                                                |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Principal Place of Business<br><b>111 CHARLOTTE PL</b><br><b>ENGLEWOOD CLIFFS NJ 07063</b> | Mailing Address<br><b>111 CHARLOTTE PL</b><br><b>ENGLEWOOD CLIFFS NJ 07063</b> |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                             |  |                                  |  |                                                                                                                                                 |  |
|---------------------------------------------|--|----------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business<br><b>21</b> |  | 2a. Mailing Address<br><b>26</b> |  | 3. Date Incorporated or Qualified<br><b>12/29/1998</b>                                                                                          |  |
| Suite, Apt. #, etc.<br><b>22</b>            |  | Suite, Apt. #, etc.<br><b>27</b> |  | 4. FEI Number<br><b>22-3228075</b>                                                                                                              |  |
| City & State<br><b>23</b>                   |  | City & State<br><b>28</b>        |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                                 |  |
| Zip<br><b>24</b>                            |  | Zip<br><b>29</b>                 |  | 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> - May Be Added to Fees                                                    |  |
| Country<br><b>25</b>                        |  | Country<br><b>30</b>             |  | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

|                                                              |                    |
|--------------------------------------------------------------|--------------------|
| <b>81</b> Name                                               | <b>85</b> Zip Code |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |                    |
| <b>83</b>                                                    |                    |
| <b>84</b> City <b>FL</b>                                     |                    |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | CP <input type="checkbox"/> DELETE         | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | YOON, JONG LOK                             | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 138 MAPLE AVE                              | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | CLOSTER NJ 07624                           | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | VC <input type="checkbox"/> DELETE         | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ROH, HI CHANG                              | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2749 BRIERHAVEN DR                         | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | LA CRESCENTA CA 91214                      | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D <input type="checkbox"/> DELETE          | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KIM, YOUNG HAN                             | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 206 CHENGJA-DONG, PUNDANG-GU, SONGNAM CITY | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | KYOUNGGI-DO, 462-711 KOREA                 | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | S <input type="checkbox"/> DELETE          | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RYU, JAE YOUNG                             | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 33 BAYVIEW AVE                             | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | ENGLEWOOD CLIFFS NJ 07632                  | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | T <input type="checkbox"/> DELETE          | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JU, HONG SIK                               | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 464 WASHINGTON AVE, 2ND FL                 | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | HACKENSACK NJ 07601                        | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                            | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                            | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                            | 6.4 CITY-ST-ZIP                                       |                                                                   |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/99

Date

(201)541-1906

Daytime Phone #

CR2E034 (11/98)

0005955