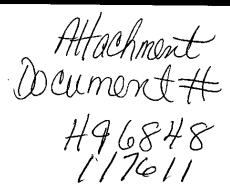
2002 UNIFORM BUSINESS REPORT (UBR)

Jun 11, 2002 8:00 am Secretary of State **DOCUMENT #** H96848 06-11-2002 90152 039 ***150.00 1. Entity Name KOTOBUKI, INC. Principal Place of Business Mailing Address **% MITSURU ISHII** P.O. BOX 1807 2463 S.W. 27TH AVENUE OCALA FL 34478-1807 OCALA FL 34474 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2637248 Not Applicable Zip Zip 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 ISHII. MITSURU Street Address (P.O. Box Number is Not Acceptable) 2463 S.W. 27TH AVENUE OCALA FL 32674 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 end title if applicable. (NOTE: Registered Agent signature required when reinstating) -DATE --9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Bo (See criteria on back) Trust Fund Contribution: Added to Fees Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE (9/01) ☐ Change ☐ Addition MISUZU, ISHII NAME NAME STREET ADDRESS 2902 SW 15TH ST STREET ADDRESS CR2E034 CITY-ST-ZIP OCALA FL 34474 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME mitsuru, ishii NAME STREET ADORESS 2902 S.W. 15TH STREET STREET ADDRESS CITY-ST-ZIP OCALA FL 34474 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete 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--IME ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS व विद्यान के विवास स्टब्स्ट्रिया है। CITY-ST-7/P CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 empowered.

FILED

4/29(4)02" 352-237-3900
Date Desystems Phone e

KOTOBUKI, INC. PO BOX 1807 OCALA FL 34478-1807



June 7, 2002

DIVISION OF CORPORATIONS PO BOX 1500 TALLAHASSEE FL 30302-1500

Subject: Kotobuki, Inc. Reference Number: H96848 2002 Uniform Business Report (UBR)

As requested, we have corrected the "written" dollar amount on our check and are resending it along with the copy of the 2002 UBR you returned to us. This correction is being returned to you timely and no late fees should be charged to us.

Thank you.

Kotobuki, Inc.

MI/is