2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121923

Entity Name: INFOPIA AMERICA LLC

Name:

Address:

City-St-Zip:

1603 DONGILTECHO TOWN A. KWAYNAGE 2 DONG

DONGAUN-GU ANYANG 431-716,

FILED Jan 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 885 GRISSOM PARKWAY 1400 WHITE DRIVE TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 **Current Mailing Address: New Mailing Address:** 885 GRISSOM PARKWAY 1400 WHITE DRIVE TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 FEI Number: 26-1554749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BUSINESS FILINGS INCORPORATED** 1203 GOVERNOR'S SQUARE BLVD SUITE 101 TALLAHASSEE, FL 323012960 US 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SOWARDS, BRYAN Name: Name: Address: 885 GRISSOM PARKWAY Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SOWARDS, MICHAEL Name: Address: 885 GRISSOM PARKWAY Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WOO BAE, BEYONG Name: Name: 1603 DONGILTECHO TOWN A. KWAYNAGE 2 DONG Address: Address: City-St-Zip: DONGAUN-GU ANYANG 431-716, City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CHUL OH, KEUN

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Name:

Address:

City-St-Zip:

SIGNATURE: BRYAN SOWARDS 01/28/2009