

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # L82499

Mailing Address

9446 PHILLIPS HWY.  
SUITE 8  
JACKSONVILLE, FL 32256 US

### 3. Mailing Address

10175 Fortune Pkwy, Ste 705  
Jacksonville FL 32256-6753

03192007 Chg-P CR2E034 (12/06)

4. FEI Number  
59-3030422

Applied For
Not Applicable

Zip | Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

KUNG-PO, YEN  
5446 PHILIPS HWY #8  
JACKSONVILLE, FL 32256

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Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

10175 Fortune Pkwy, Ste 705  
Jacksonville FL 32256-6753

FI	Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

10.	OFFICERS AND DIRECTORS
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DTV	<input type="checkbox"/> Delete
NAME	YEN, KUNG-TI	
STREET ADDRESS	9446 PHILIPS HWY #8	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	10175 Fortune Pkwy, Ste 705		
STREET ADDRESS	Jacksonville FL 32256-6753		
CITY-ST-ZIP			

TITLE	DPS	<input type="checkbox"/> Delete
NAME	YEN, KUNG-PO	
STREET ADDRESS	9446 PHILIPS HWY #8	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	10175 Fortune Pkwy, Ste 705		
STREET ADDRESS	Jacksonville FL 32256-6753		
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 or 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 attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #