May 17, 2004 8:00 am Secretary of State 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT 05-17-2004 90567 004 ****50.00 DOCUMENT # M01000000394 SAMSUNG TELECOMMUNICATIONS AMERICA GENERAL, L.L.C. 24075598 Principal Place of Business Mailing Address 1130 E. ARAPAHO ROAD 1130 E. ARAPAHO ROAD RICHARDSON, TX 75081 RICHARDSON, TX 75081 2. Principal Place of Business 3. Mailing Address 3018. Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 Chg-LLC CR2E083 (10/03) City & State City & State V 4. FEI Number Applied For 75-2910864 KIG Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 450 Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to 🦂 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR TITLE Addition TITLE Change ☐ Delete OH, DONG-JIN NAME NAME STREET ADDRESS 105 CHALLENGER ROAD, 7TH FLOOR STREET ADDRESS RIDGEFIELD PARK, NJ 07660 CITY-ST-ZIP CITY-ST-ZIP MGR MGR ☐ Delete TITLE Change ☐ Addition TITLE KIM, JEONG HAN Dr STREET ADDRESS 1130 E. ARAPAHO ROAD STREET ADDRESS RICHARDSON, TX 75081 CITY-ST-ZIP CITY-ST-ZIP Change MGR Delete Addition TITLE TITLE AN, MULICIPA AN, MYUNG-UK NAME NAME 1130 E. ARAPAHO ROAD STREET ADDRESS STREET ADDRESS RICHARDSON, TX 75081 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE -☐ Change ☐ Addition NAME - -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. 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 is true and accurate and that my 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 empty are to execute this report as required by Chapter 608, Florida Statutes.

Date

Daytime Phone #

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED