FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 25, 2002 8:00 am **DOCUMENT # N38700 Secretary of State** 1. Entity Name -25-2002 90789 001 ***511.25 WORLD MARTIAL ARTS RESEARCH FOUNDATION, INC. Principal Place of Business Mailing Address % AMERICAN TAEKWON-DO FEDERATION, INC. % AMERICAN TAEKWON-DO FEDERATION, INC. 1630 EAST COLONIAL DRIVE 1630 EAST COLONIAL DRIVE ORLANDO FL 32803 ORLANDO FL 32803 3. Mailing Address 2. Principal Place of Business Y.K. Kim Preductions, Iv. Y.K. Kun Productions. In Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2991614 Not Applicable Zip \$8.75 Additional Country -Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name trobuctions Street Address (P.O. Box Number is Not Acceptable AMERICAN TAEKWON-DO FEDERATION, INC. 1630 EAST COLONIAL DRIVE ORLANDO FL 32803 Zip Code FL 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. American the Know DO Fed. INC. SIGNATURE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (10/6) ☐ Delete TITLE TITLE Addition KIM, YOUNG KUN NAME NAME STREET ADDRESS 1630 EAST COLONIAL DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32803 CITY-ST-ZIP PSTD ☐ Change ☐ Addition TITLE ☐ Delete TITLE MCCARTHY, TIM NAME 1630 E COLONIAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32803 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition POWELL, ALBERT NAME NAME 1924 BERING AVE STREET ADDRESS STREET ADDRESS WINTER PARK FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition WINKLE, KEITH NAME NAME 10825 MIDLOTHIAN TPK #105 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RICHMOND VA 23236 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition MCLAUGHLIN, JOHN NAME NAME 1630 E COLONIAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Orlando Fl 32803 CITY-ST-ZIP TITLE D ☐ Delete Change Addition TITLE KIRK PEIT NAME NAME 1630 E. COLODIAL DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FC 32803 CITY-ST-ZIP 12. 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 617, 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.