

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90130 010 ****61.25

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DOCUMENT # N38700

1. Entity Name

WORLD MARTIAL ARTS RESEARCH FOUNDATION, INC.



Principal Place of Business

**Y.K. KIM PRODUCTIONS, INC.
1630 EAST COLONIAL DRIVE
ORLANDO FL 32803**

Mailing Address

**Y.K. KIM PRODUCTIONS, INC.
1630 EAST COLONIAL DRIVE
ORLANDO FL 32803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2991614**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Y.K. KIM PRODUCTIONS INC
1630 EAST COLONIAL DRIVE
ORLANDO FL 32803**

Name

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

City

FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete
NAME **KIM, YOUNG KUN**
STREET ADDRESS **1630 EAST COLONIAL DRIVE**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PSTD** ☐ Delete
NAME **MCCARTHY, TIM**
STREET ADDRESS **1630 E COLONIAL DRIVE**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **POWELL, ALBERT**
STREET ADDRESS **1924 BERING AVE**
CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **WINKLE, KEITH**
STREET ADDRESS **10825 MIDLOTHIAN TPK #105**
CITY-ST-ZIP **RICHMOND VA 23236**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MCLAUGHLIN, JOHN**
STREET ADDRESS **1630 E COLONIAL DRIVE**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KIRK, PETT**
STREET ADDRESS **1630 E. COLONIAL DR**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☒ Change ☐ Addition
NAME **→ spelling and order:
PETT, KIRK**
STREET ADDRESS
CITY-ST-ZIP

12. 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 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.

SIGNATURE:

SIGNATURE REQUIRED Y.K. Kim

7/15/03

(407)897-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)