2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # N9700006836 Jun 08, 2000 8:00 am Secretary of State 1. Entity Name EFC OF ORLANDO, INC. 06-08-2000 90024 001 \*\*\*\*61.25 Mailing Address Principal Place of Business 4836 W. HIGHWAY 192 4836 W. HIGHWAY 192 KISSIMMEE FL 34746 KISSIMMEE FL 34746 2. Principal Place of Business 3. Mailing Address 4819 Fort Les Court 4819 Fort Lee DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 59-3483872 Drlando Orlando Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32822 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) YOUNG, JOHNSON 4836 W. HIGHWAY 192 KISSIMMEE FL 34746 Zip Code FL 32822 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE Addition TITI F JOHNSON YOUNG NAME NAME Ai-Ti Pan STREET ADDRESS STREET ADDRESS 4836 W HWY 192 4819 Fort Lee Ct. CITY-ST-ZIP CITY-ST-7IP KISSIMMEE FL 34746 Change ☐ Addition ☐ Delete TITLE TITLE NAME EDDY PAN NAME STREET ADDRESS STREET ADDRESS 4819 FORT LEE CT CITY-ST-7IP ·CITY-ST-ZIP\_ ORLANDO FL: 32822 ☐ Addition ☐ Change ☐ Delete TITLE TITLE CHI-CHUAN HSIAO NAME STREET ADDRESS 218 COMPETITION DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34743 ☐ Change ☐ Addition TD ☐ Delete TITLE LONG-SHENG HSU NAME NAME STREET ADDRESS STREET ADDRESS 8320 FRENCH OAK DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 ☐ Change ☐ Addition TITLE ☐ Delete TITLE PAUL LIN NAME STREET ADDRESS STREET ADDRESS 337 DRAKE ELM DR CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34743 ☐ Change ☐ Addition TITLE TITLE ☐ Delete YING-CHUN LEE NAME NAME STREET ADDRESS STREET ADDRESS 32 FOREST VIEW WAY CITY-ST-ZIP CITY-ST-ZIP ORMOND FL 32174 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR