## FILED 2001 UNIFORM BUSINESS REPORT (UBR) Feb 13, 2001 8:00 am DOCUMENT # P0000050723 Secretary of State 1. Entity Name EASTAR COMPANY 02-13-2001 90595 022 \*\*\*163.75 Mailing Address Principal Place of Business 7901 FRONT BEACH ROAD 7901 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407 C0021030 PANAMA CITY BEACH FL 32407 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KIEHN, ROLAND W ESQ Street Address (P.O. Box Number is Not Acceptable) 220 MCKENZIE AVENUE PANAMA CITY FL 32401 Zip Code City 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Delete TITLE TITLE Die Sident DEHAI CHEN NAME 1402 Puddock club Drive, Danama city Beach, FL 32407 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Wenfens Chen Vice President Addition Change TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS Dane as Dehai Chen's CITY-ST-ZIP CITY-ST-ZIP Decretary-/- Treasury- Delete TITLE Change Addition TITLE " LIJUN REN NAME NAME 7901 Front Beach Road STREET ADDRESS STREET ADDRESS Panana city Beall, FL 3240) CITY-ST-ZIP CITY-ST-ZJP Change ☐ Addition ☐ Delete TITLE 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-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR