2002 UNIFORM BUSINESS REPORT (UBF

DOCUMENT #   P00000072749

1. Entity Name

BODY ART, INC.

Principal Place of Business	Mailing Address
10418 N. FLORIDA AVENUE	10418 N. FLORIDA AVENUE
TAMPA FL 33612	TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number **59-3711242** — Applied For / Not Applicable
Zip	Country	Zip	Country	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
REGISTERED CORPORATE AGENTS, INC. 612 S. GREENWOOD AVENUE CLEARWATER FL 33756	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	**FILE NOW!!! FEE IS $150.00** After May 1, 2002 Fee will be $550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
• TITLE	PS	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	KIM, SANG-MIN		NAME		
STREET ADDRESS	8722 SOMERSWORTH PLACE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33634		CITY-ST-ZIP		
TITLE	PS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KIM, SANG-MIN		NAME		
STREET ADDRESS	10337 CHADBOURNE DR.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		CITY-ST-ZIP		

13. I hereby certify that the inf indicated on this report or of the corporation or the re changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   4/29/02   Daytime Phone #