May 02, 2002 8:00 am § Secretary of State FILED

2002 UNIFORM	BUSINESS	REPORT	(UBR)

DOCUMENT # P00000093884 1. Entity Name 05-02-2002 90011 036 ***150.00 USPENNY INC. Principal Place of Business Mailing Address 3035 MESA VERDE DR #2906 3035 MESA VERDE DR #2906 ORLANDO FL 32837 ORLANDO FL 32837 2. Principal Place of Busines 3. Mailing Address Middlehrook RD 4238 4238 Suite Ant # etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 415 City & State State 4. FEI Number Applied For 59-3672823 Orlando Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HONG FAN. JIA HONG . Box Number is Not Acceptable) 3035 MESA VERDE DR #2906 ORLANDO FL 32837 Zip Code 8. The above named entity substits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE TITLE ☐ Delete Addition | .sident FAN. JIA HONG NAME NAME STREET ADDRESS 3035 MESA VERDE DR #2906 STREET ADDRESS middlebrook RD. ORLANDO FL 32837 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE

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 at address, with all other like empowered

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ Delete

Addition

Change