2001 UNIFORM BUSINESS REPORT (UBR)

Jan 24, 2001 8:00 am Secretary of State DOCUMENT # P00000100101 1. Entity Name LISTEM USA, INC. 01-24-2001 90007 040 ***158.75 Principal Place of Business Mailing Address 4020 NW 60TH AVE. 4020 NW 60TH AVE. **GAINESVILLE FL 32653** GAINESVILLE FL 32653 2. Principal Place of Business 3. Mailing Address 405 Douglas Ave. Douglas DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite # 2105 Suite #2105 4. FEI Number Applied For City & State Altamonte Spring, -FL Altamonte -62- 1836896 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32714 U.5.A 32714 Fee Required U.S. F 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHOI, WON YOUNG Street Address (P.O. Box Number is Not Acceptable) 4020 NW 60TH AVE. GAINESVILLE FL 32653 Zip Code 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. DATE 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 11. OFFICERS AND DIRECTORS 12. Addition ☐ Delete TITLE ☐ Change TITLE CHOI, WON YOUNG NAME NAME STREET ADDRESS 4020 NW 60TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32653 ☐ Delete TITLE ☐ Change ☐ Addition TITLE MOON, CHANG H NAME NAME STREET ADDRESS 3450 WILSHIRE BLVD., #306 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90010-2213 Change ☐ Addition ☐ Delete TITLE TITLE HAN, CHANG S NAME NAME STREET ADDRESS 414-1 CHONGCHON 2-DONG STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BUPYUNG-GU, INCHEON, KOREA ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE * TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED