

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90063 024 \*\*\*150.00

**DOCUMENT #** P00000100101

**1. Entity Name**  
LISTEM USA, INC.



**Principal Place of Business**  
4020 NW 60TH AVENUE  
GAINESVILLE FL 32653  
US

**Mailing Address**  
5200 NW 43RD STREET  
SUITE 102 PMB 338  
GAINESVILLE FL 32606  
US

**2. Principal Place of Business**

~~3131 NW 13th St.~~

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 61

**City & State**  
Gainesville, FL

**City & State**

**Zip**  
32609

**Country**

**Zip**

**Country**

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** 62-1836896

**Applied For**

Not Applicable

**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**

CHOI, WON YOUNG  
4020 NW 60TH AVE.  
GAINESVILLE FL 32653

**Name** CHOI, WON. YOUNG

**Street Address (P.O. Box Number is Not Acceptable)**

7018 NW 50th Terrace

**City** Gainesville

**FL**

**Zip Code** 32653

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *WON Y. CHOI*  
Signature, typed or printed name of registered agent and title if applicable.

WON Y. CHOI

3/27/03

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** D ☐ Delete  
**NAME** CHOI, WON YOUNG  
**STREET ADDRESS** 4020 NW 60TH AVE.  
**CITY-ST-ZIP** GAINESVILLE FL 32653

**TITLE** D ☒ Change ☐ Addition  
**NAME** CHOI, WON YOUNG  
**STREET ADDRESS** 7018 NW 50th Terrace  
**CITY-ST-ZIP** Gainesville, FL 32653

**TITLE** D ☐ Delete  
**NAME** MOON, CHANG H  
**STREET ADDRESS** 3450 WILSHIRE BLVD., #306  
**CITY-ST-ZIP** LOS ANGELES CA 90010-2213

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D ☐ Delete  
**NAME** HAN, CHANG S  
**STREET ADDRESS** 414-1 CHONGCHON 2-DONG  
**CITY-ST-ZIP** BUPYUNG-GU, INCHEON, KOREA

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *WON Y. CHOI*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/03

352 278 0099

Date

Daytime Phone #

CR2E034 (10/02)