FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90880 004 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000062108

1. Entity Name: GEMSTAR USA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4297 ALAFAYA TRAIL	4297 ALAFAYA TRAIL
Suite, Apt. #, etc.: # 1	Suite, Apt. #, etc.: # 1
City & State: OVIEDO, FLORIDA	City & State: OVIEDO, FLORIDA
Zip: 32765 Country: USA	Zip: 32765 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3729962 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JIGNESH GANDHI

Street Address (P.O. Box Number is Not Acceptable): 4297, ALAFAYA TRAIL SUITE # 1

City: OVIEDO FL Zip Code: 32765

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] JIGNESH GANDHI 04/28/02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P/T/S	TITLE	
NAME	JIGNESH N. GANDHI	NAME	
STREET ADDRESS	4297, ALAFAYA TRAIL, SUITE # 1	STREET ADDRESS	
CITY-ST-ZIP	OVIEDO: FLORIDA - 32765	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	JIGNESH KOTHARI	NAME	
STREET ADDRESS	4297, ALAFAYA TRAIL SUITE # 1	STREET ADDRESS	
CITY-ST-ZIP	OVIEDO, FLORIDA - 32765	CITY-ST-ZIP	
TITLE		TITLE	
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JIGNESH GANDHI 04/28/02 407-2237782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #