FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2002 8:00 am \(\frac{9}{2} \) DOCUMENT # P01000064614 **Secretary of State** 1. Entity Name MT MOTOR TRENDS INC. 03-29-2002 91403 039 ***150.00 Principal Place of Business Mailing Address 1448 N. STATE RD. 7 1448 N. STATE RD. 7 MARGATE FL 33063 MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address 2130 MEAKS 2130 PAKKWAY MEARS PARKWAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-1118440 MARGATE MARGATE Not Applicable Žip Country \$8.75 Additional 5. Certificate of Status Desired **3**3 06 3 Browaris 33063 BROWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NGUYEN, TUAN Q Street Address (P.O. Box Number is Not Acceptable) 1448 N. STATE RD. 7 2130 MEARS PARKWAY MARGATE FL 33063 Zip Code 33063 MARGATE 8. The above named entity subthits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, types or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 BU NER / PRES. TITLE TITLE ☐ Delete Change ☐ Addition CR2E034 (9/01 NAME NAME 7040 NEUYEN STREET ADDRESS 2130 MEAKS PAKEWAY STREET ADDRESS CITY-ST-7IP MARGATE 33063 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete ==== Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

(554) 971-9168