2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am § Secretary of State P01000088659 DOCUMENT # 1. Entity Name 03-25-2002 90065 012 ***150 INTERNATIONAL CELLULAR TRADING CORPORATION Principal Place of Business Mailing Address 1701 SALERNO CIRCLE 1701 SALERNO CIRCLE WESTON FL 33327 WESTON FL 33327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. _Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE. City & State City & State 4. FEI Number Applied For 65 1137666 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHUL HOE KWON, MI KYOUNG Street Address (P.O. Box Number is Not Acceptable) 1701 SALERNO CIRCLE WESTON FL 33327 City WESTON 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 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 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P.S.O. TITLE X Addition Delete TITLE Change KIM, CHUL HOE KWON, MI KYOUNG NAME NAME SALERNO' CIRCLE 1701 SALERNO CIRCLE STREET ADDRESS 1701 STREET ADDRESS WESTON FL 33327 FL 33327 CITY-ST-ZIP CITY-ST-ZIP WESTON ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

FILED

SIGNATURE: E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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