FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO2-000100937 1. Entity Name

Comma International, Inc.



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90973 020 ***150.00

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address

3015 N. W.79 St. 12610 S. W. 9 St. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Miami, $_{
m FL}$

Miami. ^{Zip} 33147

Country Da.de

^{Zip} 33184

Country Dade

04-3723721

5. Certificate of Status Desired

\$8.75 Additional

Fee Required 7. Name and Address of Current Registered Agent

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

YOON; Sang K.

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

4. FEI Number

Miami

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 ages

SIGNATURE

10.

or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

Sang K. Yoon, President (NOTE: Registered Agent signature required when reinstating)

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

PSTD TITI F TITLE NAME YOON, Sang K. NAME STREET ADDRESS STREET ADDRESS 12610 S. W.9 St. CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33184 TITLE VP/D TILE NAME NAME KIM, ChohggSun STREET ADDRESS STREET ADDRESS 12610 S. W. 9 St. CITY-ST-ZIP CITY-ST-7IP Miami, FL TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

Sang K. Yoon, President

3/31/03

Daytime Phone #

`786-295-5555

CR2E034B (12/02)