


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90156 020 ***150.00

DOCUMENT # P02000105990

1. Entity Name
SPACE GROUP, INC



Principal Place of Business
500 SHADOW LAKES BLVD
104
ORMAND BEACH FL 32174
US

Mailing Address
500 SHADOW LAKES BLVD
104
ORMAND BEACH FL 32174
US

2. Principal Place of Business
1980 S. Ridgewood Ave.
Suite, Apt. #, etc.

3. Mailing Address
1980 S. Ridgewood Ave.
Suite, Apt. #, etc.

City & State
S. Daytona, FL

City & State
S. Daytona, FL

Zip
32119

Country
Volusia



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SINGH, HERMAN
500 E. SEMORAN BLVD,
2-J
CASSELBERRY FL 32707

4. FEI Number 56-2297694

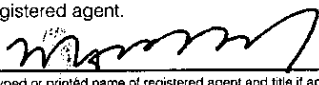
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name: Jung, Hyun T.
Street Address (P.O. Box Number is Not Acceptable): 1980 S. Ridgewood Ave.
City: South Daytona FL Zip Code: 32119

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:  Hyun T. Jung, President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE: 2/14/03

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

TITLE	P,D	<input type="checkbox"/> Delete
NAME	JUNG, HYUN T	
STREET ADDRESS	500 SHADOW LAKES BLVD, APT #104	
CITY-ST-ZIP	ORMAND BEACH FL 32174	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PARK, HYE K	
STREET ADDRESS	500 SHADOW LAKES BLVD, APT#104	
CITY-ST-ZIP	ORMAND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **REQUIRE** Hyun T. Jung, Pres. 2/14/03 386-764593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)