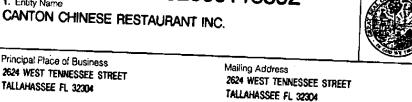
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

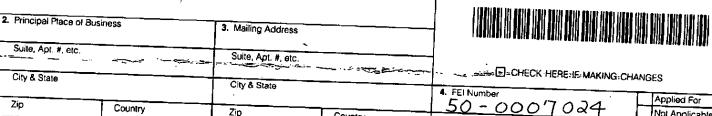
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FILED Mar 10, 2003 8:00 am Secretary of State

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6 Non	Country	Zip	Cour		5:-Certificate of Statue D	csired 5	Not Applicable 8.75-Additional
LIN, CHANG H 2624 WEST TENNES TALLAHASSEE FL 32		Registered Agent		Name	7. Name and Address of P.O. Box Number is Not Acc	Fe If New Registered Ago	BB KAMIIITAN
The above named entit	y submits this statement for	tho		City		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or

th. a signations of registered agent.	 in a purpose of changing its registe 	ered office or registered agent, or both, in th	e State of Florida. I am familiar with, and acce
Y 0/- 1//	. ca	5-11, 0, 00th, 11 (1)	s state of Florida. I am familiar with, and acce
SIGNATURE MANOSHUR T	tin		
Signature, typed or printed name of registered agent a	nd lite if englicable		
	(NOTE: Register	ed Agent signature required when reinstaling)	DATE
FILE NOW!!! FFE IS \$150.00			DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State Election Campaign Financing \$5:00 May Be Trust Fund Contribution. Added to Fees

_		OFFICERS AND DIRECT	000			, 555
	TITLE	D STATE BINECT		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
	NAME	LIN, CHANG H	☐ Delete	TITLE		IS IN 11
ı	STREET ADDRESS	2624 WEST TENNESSEE STREET		NAME	☐ Change	Addition
	CITY-ST-ZIP	TALLAHASSEE FL 32304		STREET ADDRESS		
Į	TOTAL C		_	CITY-ST-ZIP		
l	TITLE NAME	D	☐ Delete	TIFLE		
l		LIN, CHANG H		NAME	☐ Change	☐ Addition
ĺ	STREET ADDRESS				— • • • • • • • • • • • • • • • • • • •	C Addition
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ļ	NAME	,	☐ Delete	TITLE		
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1:	2. I hereby cer	rtify that the information supplied with this files.		CITY-ST-ZIP		1
	,	"") S'ON MIS HINDITIATION STINNIAN WITH THE COLUMN				1

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 cath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: /

Date

Daytime Phone #