2003 FOR PROFIT CORPORATION

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

2101 NW CORPORATE BLVD.

BOCA RATON, FL 33431

UNIFORM BUSINESS REPORT (UBR P02000115893 DOCUMENT # 1. Entity Name LJ GLOBAL, INC.

Principal Place of Business

2101 NW CORPORATE BLVD.

2. Principal Place of Business

Country

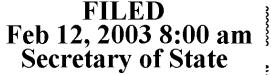
6. Name and Address of Current Registered Agent

BOCA RATON, FL 33431

Suite, Apt. #, etc.

City & State

Zip



02-12-2003 90057 015 ***150.00

JUU4313b

☐ CHECK HERE IF MAKING CHANGES			
4. FEI Number			Applied For
11-3661165			Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required		
7. Name and Address of New Registered Agent			

WARM, STEVEN ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 2101 NW CORPORATE BLVD. **BOCA RATON, FL 33431** Zip Code City

Country

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 registeres gent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE TITLE □ Defete YAGER, JAMES J NAME NAME 664 LEHMAN STREET 212 W. Washing In STREET ADDRESS STREET ADDRESS **BERNE IN 46711** CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NING, LUCY NAME NAME 212 W. WASHINGTON STREET, #904 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60606 CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE NING, LUCY NAME NAME STREET ADDRESS STREET ADDRESS 212 W. WASHINGTON STREET, #904 CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60606 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: