2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 09, 2002 8:00 am Secretary of State P93000052593 DOCUMENT # 1. Entity Name 05-09-2002 90073 012 ***150.00 ACME INTERNATIONAL, INC. Mailing Address Principal Place of Business 4141 N. JOHN YOUNG PKWY 4141 N. YOUNG PKWY SUITE 5 SUITE 5 ORLANDO FL 32804 ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3194382 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHANG, HARRY Street Address (P.O. Box Number is Not Acceptable) 4141 N. JOHN YOUNG PKWY SUITE 5 ORLANDO FL 32804 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 CR2E034 (9/01) ☐ Addition TITLE ☐ Delete TITLE Change NAME CHANG, HARRY NAME STREET ADDRESS STREET ADDRESS 4141 N. JOHN YOUNG PKWY CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME CHANG. MARTHA STREET ADDRESS STREET ADDRESS 4141 N. JOHN YOUNG PKWY CITY-ST-ZIP CITY-ST-718 ORLANDO FL 32804 Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE 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 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 of 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 changed, or on an attach

Prosident