2002 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # \$ 94 0000 86 375 May 21, 2002 8:00 am Secretary of State 1. Entity Name AKSHAR, INC. 05-21-2002 91192 045 ***150.00 Principal Place of Business 5801 S. Dale Mabry 5801 S. Dale Mabry Tampa FL 33614 3. Mailing Address MacDill Ave 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number FL Applied For Tampa 59- 3282/03 Not Applicable -Country ---\$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent 580/ 4. Dale Mabry #150 Street Address (P.O. Box Number is Not Acceptable) Tayou F-L 33614 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 9. This corporation is eligible to satisfy its Intangible FILE NOWITHEE IS \$150'00 After May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State __Tax filing requirement and elects to do so: 10.≈Election Campaign Financing \$5.00 May Be (See criteria on back) Trust Fund Contribution, Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Laurence Kim 5801 5, Dule Mabri Tange FL 33614 Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete HUT MAN ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HILE ☐ Delete TITLE NAME ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST /IP CITY ST. ZIP THE Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 1191.1 ☐ Delete TITLE NAMI Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ' MILE Defete TITLE Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _