2000 UNIFORM BUSINESS REPORT (UBR)

Jan 19, 2000 8:00 am Secretary of State DOCUMENT # P95000077101 1. Entity Name BIG EASY CAJUN - PITTSBURGH, INC. 01-19-2000 90229 038 ***150.00 Mailing Address Principal Place of Business 1000 ROSS PARK DR 7411 FULLERTON ST SUITE 204 VC 21 PITTSBURGH PA 15237 JACKSONVILLE FL 32256-3629 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3340490 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kung-Po Yen 7411 Fullerton St., Ste. 204 DRAUGHON: RICHARD S-200 WEST FORSYTH STREET, SUITE 1730 Jacksonville, FL 32256 JACKSONVILLE FL 32202 8. The above named entity submits this statement for the purpose of changing its registered office or registated proportion the State of Florida. **PRESIDENT** SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name 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, 2000 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/99) Addition TITLE Change ☐ Delete YEN, KUNG-PO NAME STREET ADDRESS STREET ADDRESS 10300 SOUTHSIDE BLVD., #305 CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Addition DVST Delete TITLE ☐ Change YEN, KUNG-TI NAME NAME STREET ADDRESS STREET ADDRESS 10300 SOUTHSIDE BLVD., #305 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNALURA REQUIRED
SIGNATURE AND TWED ON PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

PRESIDENT, 10 00 004 363

FILED