2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000094838 1. Entity Name 00 JUN 23 PM 12: 46 KOREA HOUSE, INC. STATE, STATE TO LEAPLASSEE: FLORIDA Principal Place of Business Mailing Address 209 FERRY RD., SE 209 FERRY RO SE FT. WALTON BEACH FL 32548-5806 FT. WALTON BEACH FL 32548 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59 3947909-Not Applicable \$8.75 Additional Zip Zip Country Country Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent FRIEDSBER4 EUNJOO CAROLYN V HALL Street Address (P.O. Box Number is Not Acceptable) 151 MARY ESTHER BLVD. STE 307-A 786 N. BEAL PKWY MARY ESTHER FL 32569 Zip Code FT. WALTON BCH B. The above named entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PRESIDENT ☐ Addition 66/6 PTSD Delete ППЕ Change TITLE HYEN MATTHEWS NAME SUNG HO YU NAME TERRY RD SE ومد STREET ADDRESS STREET ADDRESS 209 FERRY RD SE CITY-ST-ZIP WALTON BEACH CITY-ST-ZIP FT. WALTON FL ☐ Change X Addition TITLE ☐ Delete mn F IMSUK BUI NAME 2057 RIVERA PARK LN.S NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE MILE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TILE NAME 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 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 other like empowered. Willewa JHYUNJU

MATTHEWS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR