2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025251

1. Entity Name

MATSUMOTO INTERNATIONAL LICENSING, INC.

Country

6. Name and Address of Current Registered Agent

Principal Place of Business 4950 GULF BLVD #1005 Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

4950 GULF BLVD #1005 ST PETE BEACH FL 33706

2. Principal Place of Business

MATSUMOTO, KODO

4950 GULF BLVD #1005 ST PETE BEACH FL 33706

Suite, Apt. #, etc.

City & State

Zip

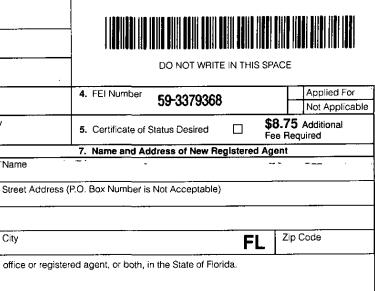
PO BOX 47014

ST PETE BEACH FL 33743-7014

US

FILED Apr 17, 2000 8:00 am Secretary of State

04-17-2000 90120 013 ***150.00



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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees \Box Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE MATSUMOTO, KODO NAME NAME STREET ADDRESS STREET ADDRESS 4950 GULF BLVD #1005 CITY-ST-ZIP CITY-ST-ZIP ST PETE BEACH FL 33706 Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

Country

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 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:

SIGNATET PERMITTED

April 10,00 127-36

121-367-2405

Daytime Phone #