## NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 1996000050013 Raging cojum, inc. 03 MAY 29 PM 2: 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 10723. S.W. 14 1 3. Mailing Address 321 Nuniversity 03 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE V C-City & State Applied For Davie Not Applicable Country Country \$8:75 Additional 5. Certificate of Status Desired BNONOTO Broward 7. Name and Address of Current Registered Agent Hua 1 ang DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN-THIS-SPACE 14 Davie. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regured when reinstating) 9. Election Campaign Financing Make Check Payable to FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. initial or Amended UBR Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. TITLE TITLE CR2E037B (12/02 wen. sang suk wik Asathien 12815. N.W. Zu st. 400020562794 NAME NAMÉ 06/06/03--01010--032 \*\*150.00STREET ADDRESS STREET ADDRESS pembroke . FL. 33028 CITY-ST-ZIP City-ST-ZIP ПΠЕ TITLE 400020562794 NAME Wen Hua. Too NAME 06/06/03--01010--033 \*\*8.75 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE NAME MARIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. SIGNATURE: SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DE