2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 17, 2000 8:00 am Secretary of State DOCUMENT # **P96000069389** GREAT EASTERN ENTERPRISES, INC. 03-17-2000 90030 021 ***150.00 Principal Place of Business Mailing Address 661 WATERSCAPE WAY 661 WATERSCAPE WAY ORLANDO FL 32828 ORLANDO FL 32828-9052 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3395896 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KUNG, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 661 WATERSCAPE WAY ORLANDO FL 32828 City Zip Code FL 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 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 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Addition TITLE ☐ Delete TITLE Change KUNG, JEFFREY NAME NAME 661 WATERSCAPE WAY STREET ADDRESS STREET ADDRESS ORLANDO FL 32828 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition ☐ Change TITLE TITILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TIT! E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not indicated on this report or supplemental report is true and accurate Calify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information nd that my signature shall have the same legal effect as if made under oath; that I am an officer or director Seport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or tr stee empowered to execute

OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #