2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000098540 Aug 22, 2000 8:00 am Secretary of State 李庆始经 DONG NAN INC. 04-23-2000 90032 001 ***150.00 Mailing Address Principal Place of Business 11210 SPRING HILL DRIVE 11210 SPRING HILL DRIVE SPRING HILL FL 34609 SPRING HILL FL 34609-4650 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. Suite, Apt. #. etc. Applied For 4. FEI Number City & State City & State 59-3422768 Not Applicable \$8.75 Additional Zin Country Ziρ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NOBLE, JAMES T Street Address (P.O. Box Number is Not Acceptable) 11291 COUNTRYWOOD COURT SPRING HILL FL 34609 Zip Code City 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 rainstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing 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 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE DITE CHUN KUEN CHAN NAME NAME STREET ADDRESS STREET ADDRESS 13210 HIGHGROVE ROAD CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34609** ☐ Addition ☐ Change ☐ Delete TITLE CHAN, JENDA N. NAME NAME 13210 HIGHGROVE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34609** ☐ Change Addition ☐ Delate TITLE TITLE CAROL LYNNE CHAN NAME NAME 13210 HIGHGROVE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34609** TITLE Chánge - Pri Addition Delete KAM-WAH RICHARD CHAN NAME NAME STREET ADDRESS STREET ADDRESS 13210 HIGHGROVE ROAD CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34609** Addition | ☐ Chance TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

1 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 in changed, or on an attachment with an address, with all other like empowered. 13. I hereby certify that the information

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP