2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 28, 2000 8:00 am Secretary of State OCUMENT #P97000041048 CENTURY INTERNATIONL MARKETING, INC. 04-28-2000 90071 001 ***150.00 Mailing Address Principal Place of Business 1715 Independence Blvd. 1715 Independence Blvd. Suite B-1 Suite B-1 Sarasota, FL 34234 Sarasota, FL 34234 838550 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 Not Applicable 65-0755633 Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Patricia A. Tan Patricia:A. Tan 7322 WaxeMyrtledWaylvd. Street Address (P.O. Box Number is Not Acceptable) 1715 Independence Blvd, Suite B-Sarasota, FL 34234 Service Ju 34204 City Sarasota Zip Code 34234 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, typed or printed nar 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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. TITLE TITLE President Kheng Tan NAME NAME STREET ADDRESS STREET ADDRESS 1715 Independence Blvd. Suite B-1 CITY-ST-ZIP CITY-ST-ZIP Sarasota, FL 34234 ☐ Change ☐ Addition Vice President TITLE NAME Patricia A Tan STREET ADDRESS STREET ADDRESS 1715 Independence Blvd. Suite B-1 CITY-ST-ZIP CITY-ST-ZIP Sarasota, FL 34234 _ [Change ☐ Addition _ 🔲 . Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ 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 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