2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 05, 2001 8:00 am Secretary of State DOCUMENT # P9700041048 CENTURY INTERNATIONAL MARKETING INC. 02-05-2001 90122 048 ***150.00 Principal Place of Business Mailing Address 1715 INDEPENDENT BLVD. 1715 INDEPENDENCE BLVD SUITE B-1 SUITE B-1 SARASOTA FL 34234 SARASOTA FL 34234 2. Principal Place of Business 1891 PORTER LAKE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 111 City & State 4. FEI Number Applied For 65-0755633 FLORIDA FLORIDA SARASOTA Not Applicable \$8.75 Additional 5. Certificate of Status Desired us Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAN, PATRICIA A 1715 INDEPENDENCE BLVD., SUITE B-1 SARASOTA FL 34234 Zip Code 3424 O 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. 12. CR2E034 (10/00) ☐ Delete TITLE TAN, KHENG K 1891 PORTER LAKE DR, SUITE III TAN. KHENG K NAME NAME STREET ADDRESS 1715 INDEPENDENCE BLVD., SUITE B-1 STREET ADDRESS FL 34240 CITY-ST-ZIP SARASOTA CITY-ST-ZIP SARASOTA FL 34234 TITLE TITLE ☐ Change ☐ Addition ☐ Delete PATRICIA A TAN, PATRICIA A NAME NAME 1891' PORTER LAKE DR, SUITE 111 STREET ADDRESS 1715 INDEPENDENCE BLVD., SUITE B-1 STREET ADDRESS FL 34240 SARASOTA CITY-ST-ZIP SARASOTA FL 34234 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-709

TYPELOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

Change

☐ Change

☐ Addition

☐ Addition