2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am § Secretary of State DOCUMENT # P97000049868 05-15-2001 90173 035 ***150.00 LANDMARK PROPERTY INVESTMENTS, INC. Principal Place of Business Mailing Address 14717 BURNTWOOD CIR 1221 E. ROBINSON ST. ORLANDO FL 32826 ORLANDO FL 32801 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 59-3450228 Not Applicable 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 NG, HUAT K Street Address (P.O. Box Number is Not Acceptable) 14717 BURNTWOOD CIRCLE ORLANDO FL 32826 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition ☐ Delete NAME NG, HUAT K NAME STREET ADDRESS STREET ADDRESS 14717 BURNTWOOD CIRCLE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32826 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME PHUONG, DAVID STREET ADDRESS STREET ADDRESS 9881 PINEY POINT CT. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 TITLE-□ Delete ☐ Addition— -_ TITLE . □ Char∗ce NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Charige Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: OR DIRECTOR