2003 FOR PROFIT CORPORATION

May 01, 2003 8:00 am 8 Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P97000049868 DOCUMENT # 05-01-2003 90332 040 ***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 LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. □ CHECK HERE IF MAKING CHANGES 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 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed na e of registered agent and title if appl (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition NG, HUAT K NAME NAME 14717 BURNTWOOD CIRCLE STREET ADDRESS STREET ADDRESS ORLANDO FL 32826 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition PHUONG, DAVID NAME NAME 9881 PINEY POINT CT. STREET ADDRESS STREET ADDRESS ORLANDO FL 32825 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Addition