2001 UNIFORM BUSINESS REPORT (UBR) May 17, 2001 8:00 am³ Secretary of State DOCUMENT # P97000071188 1. Entity Name 05-17-2001 91302 048 ***150.00 LACUS TECHNOLOGY CORP. Principal Place of Business Mailing Address 3740 OCEAN BEACH BLVD 3740 OCEAN BEACH BLVD 655953 **UNIT 805** LINIT 805 COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address 9841 MONTCLAIR C环 9841 Montclair Cir. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3465504 Apopka Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Yanyne AMERILAWYER CHARTERED 343 ALMERIA AVENUE Mont claim CORAL GABLES FL 33134 Zip Code 32703 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. r printed name of registered are at and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 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. CR2E034 (10/00) ☐ Addition **PSTD** TITLE ☐ Delete TITLE NAME WANG, YANYUE NAME 9841 Mont Clair Cir STREET ADDRESS STREET ADDRESS 3740 OCEAN BEACH BLVD, UNIT 805 CITY-ST-ZIP CITY-ST-7IP COCOA BEACH FL 32931 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY_ST-ZIP ☐ Delete - Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change Addition

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.

NAME

TITLE

NAME

☐ Delete

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yanyue Wang

04/30/2001

4074454513

Daytime Phone #

Change

Addition