FILED 2001 UNIFORM BUSINESS REPORT (UBR) Apr 27, 2001 8:00 am Secretary of State DOCUMENT # **P98000052675** SUCCESS COMMUNICATIONS, INC. 27-2001 90233 038 ***150.00 Principal Place of Business Mailing Address 209 NORTH SEACREST BOULEVARD 10624 SANTA LAGUNA DRIVE **BOCA RATON FL 33428** BOYNTON BEACH FL 33435 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 65-0850224 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCGOEY, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 209 NORTH SEACREST BOULEVARD **BOYNTON BEACH FL 33435** City Zio 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. Signature, typed or printed name of registered agent and title if app.icable. (NOTE: Registered Agent signature required when reinstating) DATE 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change Addition. FENGJIUN, LIOU NAME STREET ADDRESS 10624 SANTA LAGUNA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 31717 Change ■ Addition 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 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

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZiP

SIGNATURE:

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NAME

NAME STREET ADDRESS

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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