FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P98000067031 TIME TRANSPORT, INC.						
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	- in a second	al, inc.			- <u>+</u>	
					SECRETARY OF STATE	
	DO NOT WRITE	IN THIS S	PACE	E	600007662996- -09/11/02010460	
2. Principal 930	Place of Business O NW 58TH ST.	3. Mailing Address 9300 NW	58TH S		****150.00 ****150	
Suite. Ap		Suite, Apt. #, etc.	JOHN DI.		DO NOT WRITE IN THIS SPACE	
City & Sta	ate	City & State	& State		4. FEI Number Applied For	
MIA Z:p	Country	INTAMI Zio	Country		65-0856661 Not Applicable	
331	78 USA	^{zip} 33178	ÜS	SA	5. Certificate of Status Desired	
			-	Name	7. Name and Address of Current Registered Agent	
	DO NOT W	RITE	<u> </u>	Pirant Address A	AUSTIN LEE	
	IN THIS SF		Ĺ	Street Address (PO Box Number is Not Acceptable ST 9 3 0 0 NW 58 T.H ST	
			L		SUITE 203	
				City	MIAMI FL Zip Code 33178	
8. The abov	e named entity submits this statement for	r the purpose of changing its	s registered o	office or register	ed agent, or both, in the State of Florida	
CICALATA DE						
SIGNATURE	Signature, typed or printed name of registrated opens	(NO) sidesing to start broad	E: Registered Ag	èni agréture sequito	d when remission() DATE	
Tax liling	poration is eligible to satisfy its Intangible requirement and elects to do so eria on back)	After May	1. Fee is \$	550,00 81,25	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
11,	OFFICERS AND			1 1 7 7		
Title Name	AUSTIN LEE		TITLE NAME			
STREET ADDRESS CITY-ST-ZIP		# 203	STREET A	idress.		
NAME STREET ADDRESS CITY-ST-ZIP	V/D EUN KYUNG HAN 9300 NW 58TH ST MIAMI FL 33178	# 203	TITLE NAME SIREET AL CITY-ST-			
TITLE			HILE			
STREET ADDRESS			HAME Street ac	DORESS .		
CITY-ST-ZIP			CITY-ST-		DO NOT WRITE	
TITLE HAME			TIPLE		IN THIS SPACE	
STREET ADDRESS			STREET AD	ORESS		
CITY-ST-ZIP	i	•	CITY-ST-2		人名英格兰人姓氏克里特 医克里特氏管 医克拉氏 医多种结合 医皮肤 医二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	
NAME	1					
STREET ADDRESS			TILLE			
CITY - ST - ZIF		_	TITLE NAME STREET AD	DAESS	$\int \int \int \int d\mathbf{r} d\mathbf{r}$	
TITLE			TILLE NAME	DAESS	Mm	
			TITLE NAME STREET AD CITY ST. 2 TITLE NAME	DAESS IP		
TITLE			TITLE NAME STREET AD CITY-ST-2	DAESS DAESS	MM	

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. Hurther 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING ONLIGER OR DIRECTOR

8-20-02 305-7/7-1586
Date Gaytime Phone #

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TIME TRANSPORT, INC. DOC.#P98000067031

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

CORDIALLY,

AUSTIN LEE PRESIDENT