

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91513 034 \*\*\*150.00

10089850

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P98000093450</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
| 1. Entity Name<br><b>NOVOPAN (USA), INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                   |  |
| Principal Place of Business<br>3791 SILVER STAR RD.<br>ORLANDO, FL 32808                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Mailing Address<br>7240 WESTPOINTE BLVD<br>ORLANDO, FL 32808                      |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 3. Mailing Address                                                                |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Suite, Apt. #, etc.                                                               |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | City & State                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Zip                                                                               |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Country                                                                           |  |
| 3791 Silver Star Rd.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Orlando, FL 32808 USA                                                             |  |
| 4. FEI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 5. Certificate of Status Desired                                                  |  |
| 59-3567785                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> \$8.75 Additional Fee Required                           |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 7. Name and Address of New Registered Agent                                       |  |
| GULER, MUJADT<br>3791 SILVER STAR RD.<br>ORLANDO, FL 32808                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's Signature Required when returning)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                   |  |
| FILE NOW!!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                   |  |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |  |
| D GULER, MUJADT<br>3791 SILVER STAR RD.<br>ORLANDO, FL 32808                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                   |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |                                                                                   |  |
| SIGNATURE: <i>Mujdat Guler</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 04/20/03 407-299-6400                                                             |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Date Daytime Phone #                                                              |  |