2001 UNIFORM BUSINESS REPORT (UBR)

May 04, 2001 8:00 am Secretary of State DOCUMENT # P99000107269 1. Entity Name-MÁGI21.COM. INC. 05-04-2001 90107 032 ***150.00 Principal Place of Business Mailing Address 605 GREEN ROAD **14440 SW 110TH STREET** ANN ARBOR MI 48105 MIAMI FL 33186 HS 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 38-3512135 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 Name CHEN, CHIN-SHENG Street Address (P.O. Box Number is Not Acceptable) **14440 SW 110TH STREET** MIAMI FL 33186 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD TITLE Change Addition ☐ Delete TITLE ng Shuchuang Chen SU-CHEN, JONATHON L NAME NAME SW LIGHTST **605 GREEN ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ANN ARBOR MI 38105 ☐ Change ☐ Addition 🛣 Delete TITLE CHEN, CHIN-SHENG NAME NAME STREET ADDRESS 14440 SW 110 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE -CITY-ST-ZIP Delete TITLE 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 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 exprowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Shuchage Chen 4/5/01 28-381-7284