2000 UNIFORM BUSINESS REP	AT (UBR)		9.1013	
DOCUMENT # F98000000000000000000000000000000000000		FILED		
@LINK Networks, INC. f/k/a Dakota Setzvices, INC.		00 MAY -4 AM 10: 05		
Principal Place of Business Mailing Address		1		
20825 Swenson Drive		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Suite 150 Waykesha, WI 53186				
2. Principal Place of Buginess 20835 Swevson Dr. 2230 CAMPBOLI Creek			_	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
WAUKESHA, WI RICHARDSON	, TX	39-1885099	Applied For Not Applicable	
53186 United States 75082	Country S.	5. Certificate of Status Desired Fer	3.75 Additional e Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name			int	
1200 South Pine Island Rd. Street Address (P.O. Box Number is Not Acceptable)				
Plantation, PL 32304	City	FL	Zip Code	
8. The above named entity submits this statement for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida.		
SIGNATURE Signature, typed or printed name of egistered agent and title if applicable. (NOTI	E Registered Agent signature requ	ured when reinstating) DATE		
Tax filing requirement and elects to do so After MAY 1, 20	II FEE IS \$150.00 00 Fee will be \$550.0 le to Department of S	CONTROL TRUST PURIO CONTROLLION. 1.1	\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS ,	12.	ADDITIONS/CHANGES TO OFFICERS AND DI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP See AHood oct LISH	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 000032863 -06/13/000102 ****150.00 **	Change	
TITLE Delete	TITLE		Change Addition	
NAME STREST ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP			
TITLE Delete	TITLE NAME	•	Change	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP			
TITLE Delete	TITLE NAME		Change	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP			
TITLE Delete	TITLE .		Change	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP			
TITLE Delete	TITLE NAME	: 18	Change Addition	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	: •		
13. I hereby certify that the information supplied with this filling does not qualify for indicated on this report or supplemental report is true and accurate and that n	the exemption stated in	ne same legal effect as if made under path, that I am:	an officer or director	
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.				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone *				

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@Link Networks, Inc. Officers

- President & COO
 Hank Carabelli
 20825 Swenson Drive
 Suite 150
 Waukesha, WI 53186
- Vice President
 Thomas Jannsen
 20825 Swenson Drive
 Suite 150
 Waukesha, WI 53186
- Secretary
 James DeJong
 20825 Swenson Drive
 Suite 150
 Waukesha, WI 53186