F98000002413

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



300030242773

03/18/04--01060--005 **105.00

OF HAR 18 PM 1: 10

TRANSMITTAL LETTER

ALANS CHEST Amendment Section TO: Division of Corporations @LINK NETWORKS, INC. (WI. DOM.) (Name of Corporation) F98000002613 DOCUMENT NUMBER: The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: THERESA ALFIERI (Name of Person) C T CORPORATION SYSTEM (Name of Firm/Company) 111 8TH AVENUE - 13TH FLOOR (Address) NEW YORK, NEW YORK 10011 (City/State and Zip Code) For further information concerning this matter, please call: THERESA ALFIERI 212) 894 - 8516 (Area Code & Daytime Telephone Number) (Name of Person)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address: Amendment Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section
Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E046(11/02)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

PLANT OF THE O

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned,

CT CORPORATION SYSTEM
(Name of Registered Agent)
(Rame of Registered Agent)
(Name of Corporation)

F98000002613

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

(Signature of Resigning Agent)

If signing on behalf of an entity:

CT CORPORATION SYSTEM - THERESA ALFIERI
(Typed or Printed Name)

ASSISTANT SECRETARY

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

(Capacity)