APPROVED AND FILED

03 MAY 28 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091617

1. Entity Name
PHATLINKS.COM, INC.

Principal Place of Business	Mailing Address
631 GINGERMILL LANE LEXINGTON, KY 40509	631 GINGERMILL LANE LEXINGTON, KY 40509

04/30/03 01087-020 $150.00

2. Principal Place of Business	3. Mailing Address
3090 Helmsdale Place	3090 Helmsdale Place
Suite, Apt. #, etc. Suite 220-801	Suite, Apt. #, etc. Suite 220-801
City & State Lexington, Kentucky	City & State Lexington, Kentucky
Zip 40509 / Country	Zip 40509 / Country

4. FEI Number **58-2500789** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLBY, ALFRED A 625 EAST TWIGGS ST SUITE 102 TAMPA, FL 33602	Name: Alfred A Colby Street Address (P.O. Box Number is Not Acceptable): 701 East Kennedy Blvd Suite 3140 City: Tampa FL Zip Code: 33602-5151

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 [signature] DATE 4/28/2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FLEMM, WILLIAM S		NAME		
STREET ADDRESS	631 GINGERMILL LANE		STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON, KY 40509		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: [signature] 4-23-03 8593543443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #