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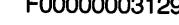
Jan 13, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

F00000003129

1. Entity Name





01-13-2003 90750 001 ***300.00 INFOLINK.COM, INC. Principal Place of Business Mailing Address 2400 EAST LAS OLAS BLVD. STE 268 2400 EAST LAS OLAS BLVD. STE 268 55000827 FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3618063 Not Applicable Zip Country Zip 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 LEARY III. PRIEUR J Street Address (P.O. Box Number is Not Acceptable) 2400 EAST LAS OLAS BLVD., STE 268 FT LAUDERDALE FL 33301 Zip Code 8. The above named entiry submits this state r 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. 1.7.2003 SIGNATURE e, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PCD** TITLE ☐ Delete TITLE ☐ Addition LEARY III. PRIEUR J NAME NAME 2400 EAST LAS OLAS BLVD., STE 268 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition LYKES, THOMPSON M NAME STREET ADDRESS 2400 EAST LAS OLAS BLVD., STE 268 STREET ADDRESS CITY-ST-ZIP FT_LAUDEDALE FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME **BROWN, GEORGES** NAME STREET ADDRESS 2400 EAST LAS OLAS BLVD, STE. 268 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33301 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KURZWEG, JAMES C NAME NAME STREET ADDRESS 2400 EAST LAS OLAS BLVD., STE. 268 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33301 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP purplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that 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 trysted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if an address, with all other like empowered. 12. I hereby certify that the information

SIGNATURE:

indicated on this report or supplem of the corporation or the receiver of changed, or on an attachment with

> nature required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.7.2003

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