2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2001 8:00 am Secretary of State DOCUMENT # F0000006894 1. Entity Name USBRIDGELINK, INC. 03-22-2001 90042 021 ***150.00 Mailing Address Principal Place of Business 5365 GOLF DRIVE 5365 GOLF DRIVE LAKE PARK GA 31636 LAKE PARK GA 31636 3. Mailing Address 2. Principal Place of Business P.O. Box DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, @ City & State 4. FEI Number Applied For 58-2517521 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition ☐ Delete TITLE PRESIDENT TITLE **PCD** NAME SCOTT TAYLOR DILL NAME DILL. SCOTT T STREET ADDRESS STREET ADDRESS 10223 LASARO WAY 5365 GOLF DRIVE 28078 CITY-ST-ZIP HUNTERSVILLE, NL CITY-ST-7IP **LAKE PARK GA** VILL- PRESIDENT Change Change ☐ Addition ☐ Delete TITLE TITLE NAME thomas Edward Dill NAME DILL, EDWARD STREET ADDRESS 5117-Chilbrove-Lanz STREET ADDRESS 1118 BOLLING RD. CITY-ST-ZIP HUMERSVILLE, NL CITY-ST-ZIP CHARLOTTE NO ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE 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 ettachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPETURE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 3

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