

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Aug 15, 2003 8:00 am**  
**Secretary of State**

08-15-2003 90087 032 \*\*\*150.00

0149594 AB

**DOCUMENT # F01000001120**

1. Entity Name  
**METILINX, INC.**



Principal Place of Business  
**999 BAKER WAY  
SUITE 410  
SAN MATEO CA 94404  
US**

Mailing Address  
**999 BAKER WAY  
SUITE 410  
SAN MATEO CA 94404  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **95-4772272**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**HERRERA, ANABEL**  
**5757 BLUR LAGOON DR., STE 190**  
**MIAMI FL 33126**

**7. Name and Address of New Registered Agent**

Name **Robert MANNING**

Street Address (P.O. Box Number is Not Acceptable)  
**5757 BLUR LAGOON DRIVE, STE 300**

City **MIAMI** FL Zip Code **33126**

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 *Robert F. Manning*

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PCD COLLAZO, CARLOS M 999 BAKER WAY SUITE 410 SAN MATEO CA 94404</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>ST PARK, NEIL 1670 S AMPHLETT BLVD., STE 300 SAN MATEO CA</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert F. Manning* **8/12/03** 786-388-4520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ROBERT F. MANNING** Date Daytime Phone #

CR2E034 (4/03)

Attachment

MetiLinx

80139028  
FD1000001120

July 18, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee FL 32302-1500

RE: MetiLinx  
Document # F01000001120

Dear Sirs:

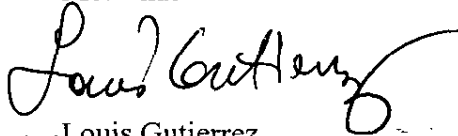
This letter services notice that MetiLinx has not received prior notice of the 2003 Uniform Business Report and requests waiver of the late fee.

Enclosed are the original signed document and a check in the amount of \$150 for filing and supplemental corporate fees.

If more information is needed, please call me at 650.292.9200

Sincerely,

MetiLinx



Louis Gutierrez  
Director of Administration

MetiLinx Inc.

999 Baker Way, Suite 410, San Mateo, CA 94404

P: 888.399.LINX (5469)

F: 650.286.9100

www.metlinx.com