2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver echanged, or on an attachment with

SIGNATURE:

, with all other like empower

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 09, 2001 8:00 am Secretary of State DOCUMENT # F96000004702 HLINK COMMUNICATIONS, INC. 04-09-2001 90021 004 ***150.00 Principal Place of Business Mailing Address 13751 S WADSWORTH PARK 13751 S WADSWORTH PARK SUITE 200 SUITE 200 DRAPER UT 84020 DRAPER UT 84020 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 86-0822141 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition PD Delete TITLE TITLE EDWARDS, JOHN W NAM NAME 13751 S WADSWORTH PARK SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DRAPER UT 84020 ☐ Change ■ Addition TITLE ☐ Delete TITLE HARDY, DAVID E NAME NAME STREET ADDRESS 818 E SOUTH TEMPLE STREET ADDRESS CITY-ST-ZIP SALT LAKE CITY FL 84102 CITY-ST-ZIP ZOWARDS, John Addition Addition ____,Change **Z** Delete TITLE --TITLE NAHUMI, DROR NAME NAME 13751 S WADSWORTH PARK STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DRAPER UT 84020 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE AMES, JOHN NAME NAME 13751 S WADSWORTH PARK DR #200 STREET ADDRESS STREET ADDRESS DRAPER UT 84020 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TITLE 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 attackment with an address, with all other like empowered.