## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # F98000002916 1. Entity Name RHYTHMS LINKS, INC. 01-29-2000 90003 031 \*\*\*150.00 Principal Place of Business Mailing Address 6933 S. REVERE PKWY 6933 S. REVERE PKWY ENGLEWOOD CO 80122-3931 ENGLEWOOD CO 80112-3981 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 84-1452765 Not 4: ···· Country Country \$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 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CEOD ☐ Change TITLE ☐ Delete HAPKA, CATHERINE NAME STREET ADDRESS STREET ADDRESS 6933 S. REVERE PKWY CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD CO 80122-3931 VP-Operations Director Addition ☐ Change TITLE TITLE Deiete Scott C. Chandler GREENBERG, JAMES NAME NAME 6933 S. Revere PKWY Englewood Co 80112 STREET ADDRESS STREET ADDRESS 6933 S. REVERE PKWY CITY-ST-ZIP CITY-ST-ZIE ENGLEWOOD CO 80122-3931 Treasurer Secretary Change Addition TITLE TS ☐ Delete TITI F Eric Geis 6933 S. Revere Pkwy Englewood, Co 80112 GEIS, ERIC NAME NAME STREET ADDRESS 8787 COMPLEX DR., STE. 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92123 ☐ Change Addition Addition Delete TITI F TITLE Stevestringer BLUMENFELD, JEFFREY NAME NAME STREET ADDRESS 6933 S. Revere Pkwy STREET ADDRESS 6933 S. REVERE PKWY CITY-ST-ZIP Englewood Co 80112 CITY-ST-ZIP ENGLEWOOD CO 80122-3931 ☐ Addition 1 1 English ☐ Change 250 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Additior ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS 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 attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO