

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001584

FILED
Jul 26, 2004
Secretary of State

Entity Name: PHONE-LINK, INC.

Current Principal Place of Business:

1700 EASTPOINT PKWY
270
LOUISVILLE, KY 40223

New Principal Place of Business:

Current Mailing Address:

PO BOX 23447
LOUISVILLE, KY 40223

New Mailing Address:

FEI Number: 31-1562677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIWECK, STANLEY P
414 W MAIN STREET SUITE 206
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LANDGRAF, DENNIS
Address: 1700 EASTPOINT PKWY
City-St-Zip: LOUISVILLE, KY 40223

Title: ST () Delete
Name: SANTA CRUZ, SANTIAGO
Address: 1700 EASTPOINT PKWY
City-St-Zip: LOUISVILLE, KY 40223

Title: VP () Delete
Name: LEE, ANNETTE
Address: 1700 EASTPOINT PKWY
City-St-Zip: LOUISVILLE, KY 40223

Title: P () Delete
Name: HANSEN, MIKE
Address: 1700 EASTPOINT PKWY
City-St-Zip: LOUISVILLE, KY 40223

Title: D () Delete
Name: SIWEK, STAN
Address: 1700 EASTPOINT PKWY
City-St-Zip: LOUISVILLE, KY 40223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE HANSEN

P

07/26/2004

Electronic Signature of Signing Officer or Director

Date