

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90021 049 ***150.00

DOCUMENT # H97298
 1. Entity Name
LINE LINK COMMUNICATIONS, INC.

Principal Place of Business P.O. BOX 5700-45 MIAMI FLORIDA 33257-0045 US	Mailing Address P.O. BOX 5700-45 MIAMI FLORIDA 33257-0045 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>P.O. BOX 8724</i> Suite, Apt. #, etc.	3. Mailing Address <i>P.O. BOX 8724</i> Suite, Apt. #, etc.
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City & State <i>FT. LAUDERDALE, FL</i>	City & State <i>FT. LAUDERDALE, FL</i>	4. FEI Number 59-2631378	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33310-8724</i>	Country <i>USA</i>	Zip <i>33310-8724</i>	Country <i>USA</i>

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

6. Name and Address of Current Registered Agent
EISKANT, ANTHONY CHARLES
5384 PENNOCK POINT ROAD
JUPITER FL 33458

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** 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 *ANTHONY C EISKANT* *Anthony C Eiskant* *1-17-00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS EISKANT, ANTHONY CHARLES 5384 PENNOCK POINT ROAD JUPITER FL 33458 <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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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: *Anthony C Eiskant* **ANTHONY C EISKANT** *1-17-00* *305-251-1395*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #