

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

2. Principal Place of Business

P.O. BOX 8724
 Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 8724
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

59-2631378

Applied For

Not Applicable

Zip

33310-8724

Country

USA

Zip

33310-8724

Country

USA

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*

Signature, typed or printed name of registered agent and title if applicable.

Anthony C Eiskant

(NOTE: Registered Agent signature required when reinstating)

1-17-00

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	<input type="checkbox"/> Delete
	PVS			
	EISKANT, ANTHONY CHARLES	5384 PENNOCK POINT ROAD	JUPITER FL 33458	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 #