UNIFORM BUSINESS REPORT (UBR

Mailing Address

PO BOX 8724

2003 FOR PROFIT CORPORATION H97298 DOCUMENT # 1. Entity Name LINE LINK COMMUNICATIONS, INC.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90264 045 ***150.00

94103005

FT LAUDERDALE FL 33310 US		FT LAUDERDALE FL 33310 US				
2. Principal Place	e of Business	3. Mailing Address		·-		
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		<u>. </u>	CHECK HERE IF MAKING CHANGES 4. FEI Number 59-2631378 Applied For Not Applicable	
Zip	Country	Zip	Countr	у	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
5384 PENNO	THONY CHARLES CK POINT ROAD			Name Street Address (P.O. Box Number is Not Acceptable)		
JUPITER FL 3	3458			City		Zip Code
0 The elec-		<u> </u>		•	FL	- '
SIGNATURE	ned entity submits this statem of registered agent.				ered agent, or both, in the State of Florida. I am	familiar with, and accept
			(NOTE: Registered A	Agent signature requir	red when reinstating) DATE	
FILE	NOW!!! FEE IS \$150.00	0	-			

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Principal Place of Business

PO BOX 8724

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTOR	<u> </u>	T 11	ADDITION OF COMMERCE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS EISKANT, ANTHONY CHARLES 5384 PENNOCK POINT ROAD JUPITER FL 33458	☐ Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- Change Addition

12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: