

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002917

1. Entity Name

MARVEL LINK, LLC.

Principal Place of Business

602 EAST CHURCH STREET
ORLANDO FL 32801

Mailing Address

602 EAST CHURCH STREET
ORLANDO FL 32801

2. Principal Place of Business

15227 THOROUGHbred

3. Mailing Address

Suite, Apt. #, etc.

City & State

MONTVERDE, FL

City & State

Zip

LAKE

Country

4. FEI Number

59-3633234

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOOVER, LESYA K

602 EAST CHURCH STREET
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

DAVID R. PIERCE

Street Address (P.O. Box Number is Not Acceptable)

602 E. CHURCH ST

City

ORLANDO, FL

FL

Zip Code

32801

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

DAVID R. PIERCE

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

(NOTE: Registered Agent signature required when reinstating)

8/21/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

800004574768--2

-09/07/01--01020--012

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT LESLYA HOOVER 739 JAMESTOWN DR WINTER PK, FL 32792 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT OLENA PIERCE 15227 THOROUGHbred LN MONTVERDE, FL 34756 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER DAVID R. PIERCE 15227 THOROUGHbred LN MONTVERDE FL 34756 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY ERIC HOOVER 739 JAMESTOWN DR WINTER PK, FL 32792 | <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 |

10. ADDITIONS/CHANGES

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

8/28/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE