

FROM : Stewart A. Merkin, Esq.
A M E N D E D

PHONE NO. : 305 358 2490

Apr. 23 2001 04:03PM P1

APPROVED
AND
FILED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014211
1. Entity Name
NEX-LINK COMMUNICATION PROJECT SERVICES, LLC

01 APR 24 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5066 N. Hiatus Road
Sunrise, FL 33351
Mailing Address 5066 N. Hiatus Road
Sunrise, FL 33351

2. Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip **Country**

4. FE Number 65-1055890
Applied For ☐ **Not Applicable**
5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

B. Name and Address of Current Registered Agent
CORPDIRECT AGENTS
103 N. Meridian St., Lower Level
Tallahassee, FL 32301

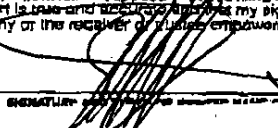
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent fee waived when reappointing)
700004195187-5
-05/11/01--01031--005
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P STEVE NICKEL 5066 N. Hiatus Road Sunrise, FL 33351	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP GEORGE MILNE 5066 N. Hiatus Road Sunrise, FL 33351	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ 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:  **STEVE NICKEL, PRESIDENT** 4/23/01 (954)741-1128
TOTAL P: 01