2003 LIMITED LIABILITY COMPANY 'S UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: MERIATURE A

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

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6. Name and Address of Current Registered Agent PREED, W. WAYNE 1165 MORNINGSIDE PLACE SARASOTA FL 34236 City FL Zip Code City FL Zip Co	Zip	Country	Zip	Country		□ \$5.00 A	dditional	
FREED, W. WAYNE 1165 MORNINGSIDE PLACE SARASOTA FL 34236 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent. SIGNATURE STREAT ADDRESS IN MANAGING MEMBERS / MANAGERS IN MANAGING MEMBERS / MANAGERS IN MANAGERS STREET ADDRESS CITY-ST-ZIP IN MANAGERS		8. Name and Address of Curren	t Registered Agent	<u></u>	7. Name and Address of New Po		red	
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. I am familiar with, and ac the obligations of registered agent. SIGNATURE Signature Sign		A Mania Gun Wangage of Called	i medianana wilani	Name	1. Indian gire womage of 146A He	Areteran with		
SARASOTA FL 34238 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. I am ferrilliar with, and active obligations of registered agent. SIGNATURE Signature, typed to present name of inguitived agent and tisk if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 8. MANAGING MEMBERS/MANAGERS ITILE MARE SIRET ADDRESS CITY-5T-3IP MAGEN SITEET ADDRESS CITY-5T-3IP MAGEN SITEET ADDRESS CITY-5T-3IP MAGEN SITEET ADDRESS CITY-5T-3IP MAGEN SITEET ADDRESS CITY-5T-3IP TITLE MAME SITEET ADDRESS CITY-5T-3IP SITEET ADDRESS CITY-5T-3IP SITEET ADDRESS CITY-5T-3IP SITEET ADDRESS S	FREED, W. WAYNE							
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B. 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. I am familiar with, and ac the obligations of registered agent. SIGNATURE Bignature, typed or ported name of registered agent and utus 4 applicable. PILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MAGEN GAFFNEY, D9UGLAS-A STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE MAGEN FREED, W. WÄYNE 1165 MORNINGSIDE PLACE STREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE MAGEN STREET ADDRESS CITY-ST-2P TITLE Delete TITLE MAGEN STREET ADDRESS CITY-ST-2P TITLE Delete TITLE MAGEN STREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE MAGE STREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P TITLE Delete STREET ADDRESS CITY-ST-2P TITLE DELET Change Add Add STREET ADDRESS CITY-ST-2P TITLE DELET Change Add Add STREET ADDRESS CITY-ST-2P TITLE DELET CHANGES STREET ADDRESS CITY-ST-2P TITLE TITLE DELET CHANGES STREET ADDRESS CITY-ST-2P TITLE TITLE STREET ADDRESS CITY-ST-2P TITLE TITLE STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P TITLE		.			·			
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

August 27, 2003

FG SALESLINK, LLC 1165 MORNINGSIDE PLACE SARASOTA, FL 34236 US

Subject: FG SALESLINK, LLC

Reference Number

L02000007563

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/sg ANNUAL REPORTS SECTION SEE ATTACHED MAILED SEP 11, 2003