

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L99000000605

**1. Entity Name** DirectLink Communications Group, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUL 11 AM 9:25

**Principal Place of Business** Mailing Address  
226 S. Beverly Dr. #200  
Beverly Hills, Ca. 90212

**2. Principal Place of Business** **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 58-2439927 **Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☒ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

Alan J. Foxman  
1600 S. Dixie Hwy. #5-ab  
Boca Raton, Fla. 33432

**7. Name and Address of New Registered Agent**

Name Alan J. Foxman  
Street Address (P.O. Box Number is Not Acceptable) 777 Glades Rd. #200  
City Boca Raton FL Zip Code 33434

**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** Alan Foxman *[Signature]* **DATE** 7/1/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Murray Moss 226 S. Beverly Dr. #200 Beverly Hills, Calif. 90212 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Barry Goldwater 3104 E. Camelback Phoenix, Arizona 85106 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Mal Ransom 19521 Los Alimos Northridge, Ca. 91326 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003327165-6 -07/19/00-01017-001 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003327165-6 -07/19/00-01017-002 *****5.00 *****5.00 <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]* **DATE** 6-29-06 **Daytime Phone #** 310-2813780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (1/1/99)