2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address
5522 HANLEY ROAD

TAMPA FL 33634

SUITE 107

DOCUMENT # P0000002307

1. Entity Name

Principal Place of Business

5522 HANLEY ROAD

TAMPA FL 33634

SUITE 107

CABLELINK NETWORK SERVICES, INC.



FILED Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90145 014 ***150.00



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Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PERSAUD, LOURDES 4. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Name Name Name Name Name Signature of registered agent, or both, in the State of Florids. I am familiar with, and the obligators of registered agent and represent agent and the city of registered agent, or both, in the State of Florids. I am familiar with, and the obligators of registered agent and represent agent and the resistance) PERSAUD, LIPERE IS \$155.00 Atter May 1, 2003 Fee will be \$55.00 Make Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITHE NAME PERSAUD, LOURDES SIRET ADDESS CITY-S1-Zip TAMPA FL 33834-7318 TITLE Delete TITLE NAME Delete TITLE NAME SIRET ADDESS CITY-S1-Zip TITLE NAME Delete TITLE NAME Change Cha	City & State	е	City & State	City & State			4. FEI Number 59-3622155 Applied For Not Applicable			
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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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	12. I hereby	certify that the information supplied	with this filing does not	qualify for the ex	emption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the ir	nformation	

2. 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03

813-884-8236

Daytime Phone #