6/5/2

FILED Jul 10, 2002 8:00 am Secretary of State 06-05-2002 90413 016 ***150.00

FOR PROFIT CORPORATION

	All Okin Doolier	<u> </u>	,,,		_		-
DOCUMENT #PO1 000000125							
LINK AUDIO AND VIDEO INC.							
DO NOT WRITE IN THIS SPACE							
				_	1	38476	
2. Principal P	Dai Place of Business + North 3. Mailing Address				7	. 90410	ŕ
25 ya						DO NOT WRITE IN THIS SPACE	,
City & State	FL City & State					FEI Number Applied For Not Applicable	}
^{Zip} 334	Country	Zìp	ury		Certificate of Status Desired \$8.75 Additional Fee Required		
	سنست سيس	الحرار فيسادي الدين المحالية	-	عليم والتيامات	7. N	ame and Address of Current Registered Agent	┤`
DOMOT WOITE				ENCIQUE OSCAR PEREDA			
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE				ROYA	AL PALM Beach		
ı				City		FL 395K	
8. The above named entity submits this statement for the purpose of changing its registered office or registere						gent, or both, in the State of Florida.	
J							
SIGNATURE .	Signature, typed or printed name of registered agent a	et plie it applicable. (NOTE	: Registeri	ed Agent signatura require	d when	reinstating) DATE	
January 1. May 1 Fee is \$150 M							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) After May 1, Amended U				is \$61.25 Trust Fund Contribution. Added to Fees			
11.	ia on back) OFFICERS AND I	Make Check Payab	le to D	epartment of Sta	ate	<u> </u>	1
TITLE			TITL	E			6
NAME	DEREDA, ENRIQUE			NAME 125			
STREET ADORESS CITY-ST-ZIP	12310 51 ct N Doyal Palmy			TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME			
TITLE	<u> </u>		TIFL			_	13. 13.
NAME Street address				NAME STREET ADDRESS			
CITY-ST-ZIP				'-ST-ZIP)
TITLE			TITL				
name Street address :			NAA STR	EET ADORESS			
CITY-ST-ZIP	the same of the sa			IN-ST-ZP DO NOT WRITE			
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name Street adoress			NAM	EET ADDRESS			١.
CITY-ST-ZIP				'-S1-ZIP			
TITLE			TITL				
NAME STREET ADDRESS		•	NAV	E ET ADDRESS			,
CITY-ST-ZIP				-ST-ZIP			
IIITE		- .	TITL				
NAME CONCULATION			NAM STDI	E ET ADDRESS			
STREET ADDRESS CITY+ST-ZIP				-ST-ZIP			
	ertify that the information supplied with	his filing does not qualify for	_		ection	119.07(3)(i), Florida Statutes, I further certify that the information	
13. Thereby certify that the information supplied with this filing does not qualify for the exampleon 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 11 or on an attachment with an address, with all other like empowered.							
SIGNATURE: ENLIQUE D PEREDA 5 30/02 (561) 792-0800							
	SEMATURE AND TYPED OR PE	ON I EU NAME UF SKINDIG OFFICERY	AL DREED	7071		Oáte Daytime Phone	