

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000044384

Entity Name: RTKLINK CORPORATION

**FILED**  
**Apr 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1830 NW 105 AVE.  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 260460  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

FEI Number: 59-3720726

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MASCIANTONI, SCOTT D  
1830 NW 105 AVE.  
PEMBROKE PINES, FL 33026 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MASCIANTONI, SCOTT D  
Address: 1830 NW 105 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP  
Name: KNAPP, CHRISTOPHER C  
Address: 31708 LOCH ALINE DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: TS  
Name: LAFFREDI, WILLIAM J JR  
Address: 1221 BONNEVILLE DRIVE  
City-St-Zip: MORRISTOWN, TN 37814

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT D. MASCIANTONI

PD

04/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date