


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90073 005 ***150.00

0102067 AV

DOCUMENT # P01000051978		
1. Entity Name LINK DIRECT CORP.		
Principal Place of Business 1520 GULF BOULEVARD CLEARWATER FL 33767		Mailing Address 1520 GULF BOULEVARD CLEARWATER FL 33767
2. Principal Place of Business 1560 GULF BLVD.	3. Mailing Address 1560 GULF BLVD.	
Suite, Apt. #, etc. Suite 801	Suite, Apt. #, etc. Suite 801	
City & State CLEARWATER, FLA.	City & State CLEARWATER, FLA.	
Zip 33767	Country	Zip 33767

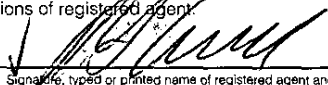


☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 22-3843589	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAMMOND, PETER 1520 GULF BOULEVARD CLEARWATER FL 33767		7. Name and Address of New Registered Agent Name SUSAN HAMMOND Street Address (P.O. Box Number is Not Acceptable) 1560 GULF BLVD. Suite 801 City CLEARWATER FL Zip Code 33767	
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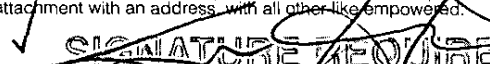
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMOND, SUSAN 1520 GULF BOULEVARD CLEARWATER FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:  **SUSAN HAMMOND** 7/16/03 775/78952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)