

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90136 008 \*\*\*408.75  
07-14-2003 90169 025 \*\*\*150.00

**DOCUMENT #** P02000134068

**1. Entity Name**  
ELINK MEDIA, INC.

**Principal Place of Business**

477 S ROSEMARY AVE STE 310  
WEST PALM BEACH FL 33401

**Mailing Address**

477 S ROSEMARY AVE STE 310  
WEST PALM BEACH FL 33401

537 Clematis Street  
West Palm Beach, FL 33401

537 Clematis Street  
West Palm Beach, FL 33401

**2. Principal Place of Business**

537 Clematis Street  
Suite, Apt. #, etc.

**3. Mailing Address**

537 Clematis St  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**

West Palm Beach, FL

**City & State**

West Palm Beach, FL

**4. FEI Number**

75-3091699

**Applied For**

Not Applicable

**Zip**

33401

**Country**

USA

**Zip**

33401

**Country**

USA

**5. Certificate of Status Desired**

☒

**\$8.75 Additional  
Fee Required**

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

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

ALDRICH, LORAIN  
912 SE 8TH COURT  
DEERFIELD BEACH FL 33441

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

FL

**Zip Code**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	P	<input type="checkbox"/> Delete
<b>NAME</b>	BERG, STEPHEN D	
<b>STREET ADDRESS</b>	7840 GREAT OAK DR	
<b>CITY-ST-ZIP</b>	LAKE WORTH FL 33487	
<b>TITLE</b>	VTS	<input type="checkbox"/> Delete
<b>NAME</b>	ALDRICH, LORAIN	
<b>STREET ADDRESS</b>	912 SE 8TH COURT	
<b>CITY-ST-ZIP</b>	DEERFIELD BEACH FL 33441	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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**

LORAIN ALDRICH

7/19/03

561-833-1313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/02)