## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 27, 2004 8:00 am Secretary of State

aytime Phone #

| DOCUMENT # P03000096561  1. Entity Name POST LINK, INC.  |   |   |                                       |  |   |  | 02-27-2004 90026 008 ***150.00                                 |   |                             |  |                            |
|--|---|---|---------------------------------------|--|---|--|--|---|-----------------------------|--|----------------------------|
| Principal Place of Business Mailing Address  |   |   |                                       |  |   |  | _  | 94021393                                |                             |  |                            |
| 1001 NW 62ND ST  |   |   |                                       | I NW 62ND ST   |   |  |  | 32341000                                |                             |  |                            |
| SUITE 407  |   |   |                                       | TE 407   |   |  |  |   |                             |  |                            |
| FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 3  |   |   |                                       |  | 3309  |  | 1 (50)(50) (1)   | TITE IIII EDIK ATKI TRI                 | ODINA IDNIA DII             | <b>i</b> i i i i i i i i i i i i i i i i i i |                            |
| 2. Principal Place of Business   |   |   |                                       | 3. Mailing Address   |   |  |  |   |                             |  |                            |
| Suite, Apt. #, etc.  |   |   | Sui                                   | Suite, Apt. #, etc.  |   |  | 01282004   | Chg-P                                   | CR2E03                      | 34 (10/03)                                   |                            |
| City & State   |   |   | City & State                          |  |   |  | 4. FEI Number  | 010896                                  | 23                          | _ <del> </del>                               | olied For<br>Applicable    |
| Zìp  | Country   |   | Zip                                   | Zip Count  |   | try  | 5. Certificate of Status Desired S8.75 Additional Fee Required |   |                             |  |                            |
|  | 6. Name   | and Address of Curren   | red Agent                             |  | 7. Name and Address of New Registered Agent |  |  |   |                             |  |                            |
| COLLING  | MALTED  | •   | · ·                                   | - <b>, -</b>   |   | Name   |  |   |                             |  |                            |
| COLLINS, WALTER J<br>1001 NW 62ND ST<br>SUITE 407  |   |   |                                       |  |   | Street Address (P.O. Box Number is Not Acceptable)   |  |   |                             |  |                            |
| FT LAUDERDALE, FL 33309  |   |   |                                       |  |   |  | ***  |   | -                           |  |                            |
|  |   |   |                                       |  |   | City   |  |   | FL                          | Zip Code                                     |                            |
| 8. The above named entity submits this statement for the purpose of changing its registers   |   |   |                                       |  |   |  |  | to the Otto of Class                    |                             | <u> </u>                                     |                            |
|  | ions of regist                                  |   | oi ine pui                            | pose of changing its   | registeri                                   | ed diffice of registe                                | rec agent, or borr   | , in the State of Fion                  | iua. Fain i                 | arımar willi, a                              | ino accepi                 |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |   |   |                                       |  |   |  |  |   |                             |  |                            |
|  |   | FEE IS \$150.00<br>4 Fee will be \$550  | .00                                   | 9. Election Campa<br>Trust Fund Conf                                 |   |  | i.00 May Be  |   |                             | · ·  |                            |
| 10.  | OFFICERS AND DIRECTORS                          |   |                                       |  |   | 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |                             |  |                            |
| TITLE  | D   | MAINTED I   |                                       | ☐ Delete   | TITL  | 1 1  | MAN  | /                                       |                             | ☐ Change                                     | Addition                   |
| NAME<br>STREET ADDRESS   | l   | , WALTER J<br>62ND ST SUITE 407   |                                       |  | NAM   | ET ADDRESS   | AN IN A  | 4                                       | •                           |  |                            |
| CITY-ST-ZIP  |   |   |                                       |  |   | -ST-ZIP  | $M \sim 100$   |   | 7                           |  |                            |
| TITLE  | D   |   |                                       | ☐ Delete   | TITU  | E  |  | <del></del>                             |                             | ☐ Change                                     | Addition                   |
| NAME   | GROSSMAN, ROBERT                                |   |                                       |  |   | E (  | ı  |   |                             |  | •                          |
| STREET ADDRESS   |   |   |                                       |  |   | ET ADDRESS   |  |   |                             |  |                            |
| CITY-ST-ZIP  |   |   |                                       |  |   | -ST-ZIP  | <del></del> .  |   |                             |  |                            |
| TITLE<br>NAME  |   |   |                                       | ☐ Delete   | TITU<br>NAM                                 |  |  |   |                             | Change                                       | ☐ Addition                 |
| STREET ADDRESS   |   |   |                                       |  |   | EET ADDRESS  |  |   |                             |  |                            |
| CITY-ST-ZIP  |   |   | -                                     |  |   | -ST-ZIP  |  | - किट <del>च</del> ित्रे                |                             | <del>-</del>                                 | فورد ياستانسه              |
| TITLE  | <del></del>                                     |   |                                       | ☐ Delete   | TITL  | E  | <u></u>  | ·                                       |                             | ☐ Change                                     | Addition                   |
| NAME   |   |   |                                       |  | NAM   | <b>I</b>   |  |   |                             |  |                            |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |   |                                       |  |   | ET ADDRESS<br>-ST-ZIP                                |  |   |                             |  |                            |
|  |   |   |                                       |  | TITL  | <del></del>  |  |   |                             | ☐ Change                                     | Addition                   |
| TITLE<br>NAME  |   |   |                                       | ☐ Delete   | NAM   | l l  |  |   |                             | ☐ Change                                     | L'T VOOISON                |
| STREET ADDRESS   |   |   |                                       |  | STRI  | EET ADDRESS  |  |   |                             |  |                            |
| CITY-ST-ZIP  | ļ   | :   |                                       |  | CITY  | -ST-ZIP  |  |   |                             |  |                            |
| TIŢĻĒ  |   | ,   |                                       | ☐ Delete   | THIL  |  |  |   |                             | ☐ Change                                     | Addition                   |
| NAME<br>STREET ADDRESS   |   |   | 1                                     | •  | NAM<br>'CTRI                                | EET ADDRESS  | y 4 1  | 6. 1 2C.                                |                             |  | , .                        |
| CITY-ST-ZIP  | _   |   | . [                                   | •  |   | -ST-ZIP  |  | A BOOK TOWN                             |                             |  | •                          |
| 12   hereby (  | certify that th                                 | e information supplied w  | h his filin                           | ig does not qualify fo   | or the exe                                  | emotion stated in S                                  | ection 119.07(3)(i   | ), Florida Statutes. I                  | further cer                 | tify that the in                             | formation                  |
| indicated<br>of the cor<br>changed,  | on this repo<br>poration or the<br>or on an att | rt or supplemental report<br>ne receiver of trusteelen<br>achment with an addless | is true an<br>powered t<br>with all o | d accurate and that<br>to execute this report<br>ther like empowered | my signa<br>t as requ<br>l.                 | ture shall have the<br>fred by Chapter 60            | same legal effect<br>77, Florida Statutes                      | as if made under ones; and that my name | ath; that I a<br>appears it | am an officer<br>n Block 10 or               | or director<br>Block 11 if |

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR