
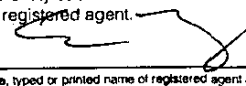
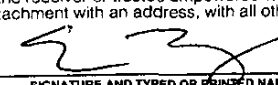


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90045 047 \*\*\*150.00

<b>DOCUMENT # P03000112981</b> 1. Entity Name <b>SYSTEMLINK BROADBAND CORP.</b>																											
Principal Place of Business <b>4730 110TH AVENUE N. CLEARWATER, FL 33762</b>		Mailing Address <b>4730 110TH AVENUE N. CLEARWATER, FL 33762</b>																									
2. Principal Place of Business <b>111 2nd Ave NE</b> Suite, Apt. #, etc. <b>Suite 514</b> City & State <b>St. Petersburg, Florida</b> Zip <b>33701</b> Country <b>USA</b>		3. Mailing Address <b>111 2nd Ave. NE</b> Suite, Apt. #, etc. <b>Suite 514</b> City & State <b>St. Petersburg, Florida</b> Zip <b>33701</b> Country <b>USA</b>																									
6. Name and Address of Current Registered Agent  <b>LEWIS, MARK R SR. 6830 CENTRAL AVENUE SUITE D ST. PETERSBURG, FL 33707</b>		7. Name and Address of New Registered Agent Name <b>Eric Long</b> Street Address (P.O. Box Number is Not Acceptable) <b>111 2nd Ave NE</b> <b>Suite 514</b> City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33701</b>																									
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:  DATE: <b>4-1-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LONG, ERIC E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4730 110TH AVENUE N.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33762</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	LONG, ERIC E		STREET ADDRESS	4730 110TH AVENUE N.		CITY-ST-ZIP	CLEARWATER, FL 33762		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: 		Date: <b>4-1-05</b> Daytime Phone #: <b>7275569033</b>																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											