2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000084922 1. Entity Name INTERNATIONAL SPORTS LINK CORP.	FILED
Principal Place of Business Mailing Address	NO WESTER
20201 GLENMOOR 20201 GLENMOOR W PALM BEACH, FL 33409 W PALM BEACH, FL 33409	06 NOV -3 AMII: 38
Principal Place of Business 3. Mailing Address	
3032 Kensington Mace 3 032 Kens Suite, Apt. #, etc. Suite, Apt. #, etc.	5 19 ton Trace 09052006 REIN-P CR2E098 (11/05)
City & State Tar Don Springs FL Tar Don Spring	4 FEI Number Applied For Not Applied For Not Applied For
34689 USA 34689	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KAUCHICK, CYRIL R JR 20201 GLENMOOR	Street Address (P.O. Box Number is Not Acceptable)
W PALM BEACH, FL 33409	3032 Kensington Trace
	Tarpon Springs FL 34689
The above named entity submits this statement for the purpose of changing its registered agent.	gistered office of registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE) on alc) Carrier	10-25-06
Signature: Typed or printed name of registered a soft and title if applicable. (NOTE: R	legistered Agent signature required when reinstating) DATE
FILE NOW!!! FEE IS \$900.00	
10. OFFICERS AND DIRECTORS TITLE PLANT Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Chief Financial Office Change Addition
NAME David Lee	MAME Ronald W Laessia
STREET ADDRESS 8113 Gotfers Oasis Drive CITY-ST-ZIP Las Vegas NV 89149	STREET ADDRESS 555 VICQUINIA Drive CITY-ST-ZIP FORT Washington PA 19034
TITLE VicePresident Delete	TITLE Change Addition
NAME CYCI Kauchick Jr	NAME 900081668619 STREET ADDRESS 11/09/0601043001 ***865.00
CITY-ST-ZIP West Palm Beach FL 33409	CITY-S1-ZIP 117 037 08 01043 001 4 7 003 00
TITLE VICE President & Delete NAME Joseph Kauchick	TITLE Change Addition
SIRCEL ADDRESS OCD OCO N. C.	STREET ADDRESS
TITLE VICE PROSIDENT Death FL 3340 9	CITY-ST-ZIP $09-0.5-0.6$ $010/4$ $902-3.9$
NAME VICE PRESIDENT	NAME CHANGE ADDITION
STREET ADDRESS 7685 ReJ R. vet 1017-ST-ZIP 1685 ReJ R. vet 1685 Rej R. vet 1685 Rej R. vet 1685 Rej	STREET ADDRESS CITY-ST-ZIP
TITLE Secretary/Tragurer Delete	TITLE Change (Constition
NAME ROSCH WLASSES	NAME STREET ADDRESS
CITY-SI-ZIP FORT Washington PAT 19034	CITY-ST-2IP TRANSFORMENT OF THE PROPERTY OF TH
TITLE O Delete	TITLE Change Addition
STREET ADDRESS	STREET ADDRESS
CiTY-ST-ZIP 12 Legably certify that the information supplied with this filling does not qualify for the	he exemptions contained in Chapter 119. Florida Statutes I further certify that the information
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 either like empowered.	10/26/06 215-283-9300
SIGNATURE: 10/46/06 2/3 00 7/300 SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR Date Daylure Prone s	