

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000082808

Entity Name: SPOT LINK, INC

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

157 MEDICI TERRACE
NORTH VENICE, FL 34275

New Principal Place of Business:

Current Mailing Address:

157 MEDICI TERRACE
NORTH VENICE, FL 34275

New Mailing Address:

FEI Number: 26-0574151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARTA, GRANDE A
157 MEDICI TERRACE
NORTH VENICE, FL 34275 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRANDE, PHIL
Address: 157 MEDICI TERRACE
City-St-Zip: NORTH VENICE, FL 34275

Title: VP () Delete
Name: GRANDE, MARTA
Address: 157 MEDICI TERRACE
City-St-Zip: NORTH VENICE, FL 34275

Title: S () Delete
Name: GRANDE, PHIL
Address: 157 MEDICI TERRACE
City-St-Zip: NORTH VENICE, FL 34275

Title: T () Delete
Name: GRANDE, MARTA
Address: 157 MEDICI TERRACE
City-St-Zip: NORTH VENICE, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTA A GRANDE

VP

03/24/2009

Electronic Signature of Signing Officer or Director

Date