

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION,
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000015910 (9)

1. Corporation Name

DIGITAL LINK PUBLISHING CORPORATION



Principal Place of Business

Mailing Address

2750 N. 29TH AVENUE, SUITE 114C
HOLLYWOOD FL 33020

2750 N. 29TH AVENUE, SUITE 114C
HOLLYWOOD FL 33020

2. Principal Place of Business

21 2750 N. 29 AVENUE

Suite, Apt. #, etc

22 114C

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 2750 N. 29 AVENUE

Suite, Apt. #, etc

27 114C

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FLETCHER, ALAN

915 NW 1ST AVE, STE H-1209

MIAMI FL 33136

3. Date Incorporated or Qualified

02/27/1995

3a. Date of Last Report

4. FEI Number

65-0574004

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

2750 N. 29 AVENUE, #114C

83

84 City

HOLLYWOOD

FL

85 Zip Code

33020

I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office
of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am
familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent for the corporation

Date of Signature (Typed or Printed Name of Registered Agent)

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
certify that the information indicated on this annual report or supplemental annual 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 executor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name
appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN FLETCHER

X 1/23/96

954-929-0550

Daytime Phone

CR2E034 (12/95)