

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000049085

Entity Name: DIGITAL COMM LINK, INC.

FILED  
Jan 04, 2008  
Secretary of State

## Current Principal Place of Business:

10450 STATE ROAD 84  
DAVIE, FL 33324 US

## New Principal Place of Business:

## Current Mailing Address:

10450 STATE ROAD 84  
DAVIE, FL 33324 US

## New Mailing Address:

FEI Number: 65-0618312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MENDES, SHELDON A  
10450 STATE ROAD 84  
DAVIE, FL 33324 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: PDT ( ) Delete  
Name: MENDES, SHELDON  
Address: 10450 STATE ROAD 84  
City-St-Zip: DAVIE, FL 33324

Title: VPD ( ) Delete  
Name: KOHLER, MICHAEL  
Address: 8079 N.W. 15TH MANOR  
City-St-Zip: PLANTATION, FL 33322

Title: D ( ) Delete  
Name: ANDERSON, ROBERT  
Address: 2357 N.E. 25TH STREET  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: ANDERSON, ROBERT  
Address: 100 SHORELINE DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

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: SHELDON MENDES

PDT

01/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date