

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000049085

Entity Name: DIGITAL COMM LINK, INC.

FILED
Mar 20, 2009
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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: MENDES, SHELDON
Address: 10450 STATE ROAD 84
City-St-Zip: DAVIE, FL 33324 US

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

Title: D () Change (X) Addition
Name: ANDERSON, ROBERT
Address: 4775 COLLINS AVENUE, APT # 4105
City-St-Zip: MIAMI BEACH, FL 33140 US

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

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date