

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000049085

Entity Name: DIGITAL COMM LINK, INC.

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10450 W. STATE ROAD 84  
DAVIE, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

10450 W. 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

**OFFICERS AND DIRECTORS:**

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

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

Title: D  
Name: ANDERSON, ROBERT  
Address: 10450 W. STATE ROAD 84  
City-St-Zip: DAVIE, FL 33324 US

I hereby 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 all other like empowered.

SIGNATURE: SHELDON MENDES

PDT

02/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date