

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90021 007 ***150.00

DOCUMENT # P97000019238

1. Entity Name
MOTORSPORTS NEWSLINK, INC.



Principal Place of Business
**275 CLYDE MORRIS BLVD.
ORMOND BEACH, FL 32174**

Mailing Address
**275 CLYDE MORRIS BLVD.
ORMOND BEACH, FL 32174**

40057894



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3435929

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VOGES, WILLIAM J
275 CLYDE MORRIS BLVD.
ORMOND BEACH, FL 32174**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ROOT, J. PRESTON
STREET ADDRESS	275 CLYDE MORRIS BLVD.
CITY - ST - ZIP	ORMOND BEACH, FL 32174

TITLE	TS
NAME	VOGES, WILLIAM J
STREET ADDRESS	275 CLYDE MORRIS BLVD.
CITY - ST - ZIP	ORMOND BEACH, FL 32174

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Preston Root, Pres.

4/1/08

386 671 4908

Date

Daytime Phone #