2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000108882

Entity Name: Q-LINK TECHNOLOGIES, INC.

FILED Mar 04, 2003 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
5445 W CY SUITE 300 TAMPA, FI		EET			
Current Mailing Address:			New Maili	ng Address:	
5445 W CY SUITE 300 TAMPA, FI		EET			
FEI Number:	59-3487003	FEI Number Applied For () FE	I Number Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	, STEVEN H YPRESS STR L 33607 U				
	named entity e of Florida.	submits this statement for the purpo	se of changing it	ts registered office or registered agent, or both,	
SIGNATURE:					
	Electro	nic Signature of Registered Agent		Date	
	npaign Financin	g Trust Fund Contribution(). TORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (WILSON, GRE 2901 EMPRES VALRICO, FL	S COURT	Title: Name: Address: City-St-Zip:	D (X) Change () Addition WILSON, GREGORY A VP/SEC 2901 EMPRESS COURT VALRICO, FL 33594	
Title: Name: Address: City-St-Zip:	HORWITZ, ST 1212 DARLING) Delete EVEN H STON OAK CIRCLE SBURG, FL 33703	Title: Name: Address: City-St-Zip:	D (X) Change () Addition HORWITZ, STEVEN H PRES 1212 DARLINGTON OAK CIRCLE SAINT PETERSBURG, FL 33703	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	O () Change (X) Addition DECECCO, III, ROBERT J VP/TREA 7147 SPIKERUSH COURT LAKEWOOD RANCH, FL 34202	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition JACOBSON, JACOB 204 BELLA VISTA COVE AUSTIN, TX 78734	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition WALLACE, TOM 5445 W. CYPRESS STREET TAMPA, FL 33607	
Title: Name:	() Delete	Title: Name:	D () Change (X) Addition MEAKEM, CHIP	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip: NEW YORK, NY 10007

SIGNATURE: ROBERT J. DECECCO III, CPA TREA 03/04/2003

City-St-Zip: