FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90172 021 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80116430

DOCUMENT # P98000060129

1. Entity Name
CENTERLINQ, INC.

Principal Place of Business	Mailing Address
5805 SEPULVEDA BLVD 880 VAN NUYS, CA 91411	5805 SEPULVEDA BLVD 880 VAN NUYS, CA 91411

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
468 N. Camden Dr	468 N. Camden Dr
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.: 200
City & State: Beverly Hills, CA	City & State: Beverly Hills, CA
Zip: 90210 Country: USA	Zip: 90210 Country: USA

4. FEI Number: 59-3522395 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JACOBSON, DOUGLAS E
1413 S HOWARD AVENUE
214
TAMPA, FL 33629

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST JACOBSON, DOUGLAS E 1413 S HOWARD AVENUE #214 TAMPA, FL 33629 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Douglas E Jacobson — Douglas E Jacobson 5/1/03 (818) 909-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #