


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000004804**

1. Corporation Name

Fanlink.com, Inc.

Principal Place of Business	Mailing Address
6448 Northwest 5 Way Fort Lauderdale, FL 33309	same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	6448 Northwest 5 Way	2a	6448 Northwest 5 Way	12-17-1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0902406	
22. City & State		27. City & State		5. Certificate of Status Desired	
23 Fort Lauderdale, FL		28 Fort Lauderdale, FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33309		29 Country USA		6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
John F. Fletcher, Attorney Morgan, Lewis & Bockius LLP First Union Financial Center 200 S. Biscayne Blvd. Miami, FL 33131				81 Name			
				82 Street Address (P.O. Box Number Is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	Director and President	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Scott J. Dobbins			1.2 NAME			
STREET ADDRESS	6448 Northwest 5 Way			1.3 STREET ADDRESS			
CITY-ST-ZIP	Fort Lauderdale, FL 33309			1.4 CITY-ST-ZIP			
TITLE	Director and Vice President	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Robert D. Deignan			2.2 NAME			
STREET ADDRESS	6448 Northwest 5 Way			2.3 STREET ADDRESS			
CITY-ST-ZIP	Fort Lauderdale, FL 33309			2.4 CITY-ST-ZIP			
TITLE	Secretary	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Robert D. Deignan			3.2 NAME			
STREET ADDRESS	6448 Northwest 5 Way			3.3 STREET ADDRESS			
CITY-ST-ZIP	Fort Lauderdale, FL 33309			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert D. Deignan* DIRECTOR OR SECRETARY REQUIRED

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