2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000104804** Mar 13, 2000 8:00 am 1. Entity Name Secretary of State FANLINK.COM. INC. 03-13-2000 90009 048 ***150.00 Mailing Address Principal Place of Business 6448 NW 5 WAY 6448 NW 5 WAY FT LAUDERDALE FL 33309-6112 FT LAUDERDALE FL 33309 3. Mailing Address 2. Principal Place of Business BOX 101566 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ΣO City & State LAUDERDALE Applied For 4. FEI Number City & State 65-0902406 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Pee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLETCHER, JOHN F ATTORNE Street Address (P.O. Box Number is Not Acceptable) MORGAN, LEWIS & BOCKIUS LLP, FIRST UNION 200 S. BISCAYNE BLVD. **MIAMI FL 33131** 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition TITLE Delete TITLE DOBBINS, SCOTT J NAME STREET ADDRESS 6448 NW 5 WAY STREET ADDRESS CITY-ST-71P FT LAUDERDALE FL 33309 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE DEIGNAN, ROBERT D NAME NAME STREET ADDRESS 6448 NW 5 WAY STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33309 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE DEIGNAN, ROBERT D NAME NAME STREET ADDRESS 6448 NW 5 WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an adoless, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone 4