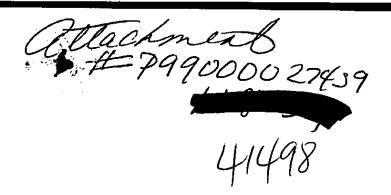
## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT ( R)

SIGNATURE:

FILED Aug 14, 2002 8:00 am Secretary of State 06-13-2002 90384 012 \*\*\*150.00

| 1. Entity N                     | lame  | OR PROFIT   | <del>3</del> 9 ′                                 |                                   | 00-13-2002 90364  | 012 ***130.00                  |  |
|---------------------------------|---|---|--|-----------------------------------|---|--------------------------------|--|
| N                               | ORLDLINK TRAN   | ISPORTATIO  | N, IN  | c.                                | <b>!</b> .  |                                |  |
|                                 |   |   | •  |                                   |   |                                |  |
|                                 | DO NOT WRITE  | IN THIS S   | PACE   | •                                 |   |                                |  |
|                                 |   |   | ;  |                                   | 41  | 498                            |  |
| 2. Principal 4103               | I Place of Business BD S. KIRKMAN RD                      | 3. Mailing Address  |  |                                   |   |                                |  |
| Suite, Ap                       |   | Suite, Apt. #, etc.   |  | <del></del>                       | DO NOT WRITE IN THIS SPACE  |                                |  |
| City & State  OLLANDO           |   | City & State  |  | 4                                 | 4. FEI Number Applied For   |                                |  |
| Zip 32811 Country ORANGE        |   | Zip Country   |  |                                   | 59 = 3631986 Not Applicable  5. Certificate of Status Desired \$8.75 Additional   |                                |  |
| 1                               | DETROIL   | <u> </u>  | <del>                                     </del> |                                   |   | Required                       |  |
|                                 | DONOTIVE  |   | Name   | -NA                               | HAN A CHAMP   |                                |  |
| DO-NOT WRITE                    |   |   | Street   |                                   |   |                                |  |
|                                 | IŅ THIS SP.   | ACE   |  | 100                               | LAWR RE 32  | 100                            |  |
|                                 | /)  |   | City   | - 1/12                            | FI Z  | ip Code                        |  |
| 8. The above                    | e named entity submits this statement for                 | the purpose of changing its                                 | registered office                                | or registered a                   | agent, or both, in the State of Florida.  |                                |  |
| j                               | V MAL C   | <b>7</b> _  | •  |                                   |   | l                              |  |
| SIGNATURE                       | Signature, lighted or printed name of registered agent an | d sitle if applicable. (NOTE                                | Registered Agent sign                            | Mure required wher                | n reinstating) CATE   |                                |  |
| 9. This corp                    | oration is eligible to satisfy its Intangible             | January 1 - M   | ay 1 Fee is \$1!                                 | 50.00                             |   |                                |  |
| lax filing<br>(See crite        | requirement and elects to do so.  eria on back)           | After may<br>Amended<br>Make Check Payab                    | 1, Fee is \$550.0<br>1 UBR is \$61.25            |                                   | 10. Election Campaign Financing Trust Fund Contribution.  | \$5.00 May Be<br>Added to Fees |  |
| 11.                             | OFFICERS AND D  |   | ie to Departitie                                 | n or Sizie                        |   |                                |  |
| TITLE<br>NAME                   | NATHAN A CLAR   | uber  | TITLE<br>NAME                                    |                                   |   |                                |  |
| STREET ADDRESS                  | 7109 ROTHELLIE<br>ORIGINOS                                | ocr   | . STREET ADDRESS                                 |                                   |   | 5                              |  |
| CITY-ST-ZIP                     | oeignos,  | FL32835   | CITY-S1-ZIP                                      |                                   |   | 979                            |  |
| TITLE<br>NAME                   | PADMIN'S E CHA  |   | TITLE .  |                                   |   | CD5C746 (1970)                 |  |
| STREET ADDRESS  CITY-ST-ZIP     | 7109 ROTHCHIL   | D CT  | _STREET ADDRESS:                                 |                                   | المحجيد فيستهجم فيتحلف فالمتحال الماسية المعاليات والمالي   | C                              |  |
| FITLE                           | orino   | FC 32835  | CITY-ST-ZIP                                      |                                   |   |                                |  |
| NAME                            | ر ند  |   | , TITLE<br>NAME                                  |                                   |   |                                |  |
| STREET ADDRESS CITY-ST-ZIP      |   | -   | STREET ADDRESS                                   |                                   | DO NOT WRITE  | -                              |  |
| TITLE                           |   |   | CITY ST-ZIP                                      |                                   | * 'v = 400000000000000000000000000000000000   |                                |  |
| NAME                            |   |   | NAME   |                                   | IN THIS SPACE   |                                |  |
| STREET ADDRESS  <br>CITY-ST-ZIP |   |   | STREET ADDRESS<br>CITY-ST-ZIP                    |                                   |   | 1                              |  |
| TITLE                           |   | •   | TITLE  |                                   | `   |                                |  |
| NAME<br>STREET ADDRESS          |   |   | NAME   |                                   |   |                                |  |
| CITY-ST-ZIP                     |   |   | STREET ADDRESS<br>City-St-zip                    |                                   |   |                                |  |
| TITLE                           |   | <u> </u>  | TITLE  |                                   |   |                                |  |
| NAME<br>STREET ADDRESS          |   |   | NAME   |                                   |   | 1                              |  |
| CITY-ST-ZIP                     | · /   | İ   | STREET ADDRESS<br>CITY-ST-ZIP                    |                                   | •   |                                |  |
| 13. I hereby ce                 | ertify that the information supplied with this            | filing does not qualify for the                             |  | ed in Section 1                   | 119.07(3)(i). Florida Statutes: I further contitute the   | Do information                 |  |
| of the corp                     | oration or the receipt or trustee empower                 | e and accurate and that my<br>ared to execute this report a | signature shall ha<br>is required by Ch          | ve the same le<br>epter 607, Flor | 119.07(3)(i), Florida Statutes, I further certify that the egal effect as if made under oath; that I an offitride Statutes; and that my name appears in Block | icer or director               |  |



May 30th, 2002-

Uniform Business Report (UBR)
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Late receipt of UBR Forms

To Whom It May Concern:

Please find enclosed my application for renewal of my business. This is late as I did not receive forms for filing by the May 1st deadline.

I have called twice to request the forms and they have just arrived. I spoke with a courteous young man, who said to write a letter with regards to this.

Please grant the waiver of the late fees for this reason.

Sincerely,

Nathan A. Chambers

WorldLink Transportation, Inc.