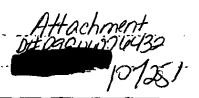
2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 17, 2000 8:00 am Secretary of State DOCUMENT # P99000076432 1. Entity Name INSTALINK CORP. 07-21-2000 90161 012 ***150.00 Principal Place of Business Mailing Address 7317 SPRING VILLAS CIRCLE 7317 SPRING VILLAS CIRCLE ORLANDO FL 32819 ORLANDO FL 32819 3. Malling Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Regulred 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -MEISSNER, MARK Street Address (P.O. Box Number Is Not Acceptable) 7317 SPRING VILLAS CIRCLE ORLANDO FL 32819 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT Addition CR2E034 (5/00) Change TITLE ☐ Delete TITLE MARK MEISSNER NAME NAME STREET ADDRESS 7317 9PRING VILLAS CR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delate TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete NAME NAL/E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 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 cath; 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

77.

changed, or on an attachment with an address, with all other like empowered.



	INSTALINK COPP.
	7317 SPRING-VIULASCR.
1111	ORLANDO, FC 32819
	DEAR Florion Dept. of State,
= =	- THIS - 2000 - UNIFORM - BUSINESS REPORT WAS THE FIRST
_	MAIL I HAVE RECEIVED SINCE The BUSINESS
#	WAS INCORPERATED. THIS IS STATING I OWE A
$-\!\!\!\parallel$	Late Fee I Have contacted Your office BY
_ -	EMPIL AND WAS TOLD to PUT This IN WRITING to
	You Resarring the LATE Fee I AM ENCLOSING
_	150.00 cHeck for coverage of the 2000 uniform
_#	Business Report
_	Plane contact ME At (907) 352-5423. MY
_#	NAME IS MARK MEISSHER.
_#	
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	Thanks
-	
	MARK
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	PS. This action will continue to resorve this Name for
	the next Year turnes
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