2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 08:00 AM S01727 DOCUMENT # 1. Entity Name **Secretary of State** INTERNATIONAL LINKS, INC. Principal Place of Business Mailing Address 11239 ST JOHNS IND. PKWY 11239 ST JOHNS IND. PKWY STE 5 JACKSONVILLE FL JACKSONVILLE FL32246 32246 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3028139 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PHILLIPS PAMELA 50 NORTH LAURA STREET, SUITE 2800 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL32202 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 04/27/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be 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 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DMTITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change MICHAEL K MAME DAVIS ROBIN NAME MILLER 11239 ST. JOHNS INDUSTRIAL PKWY. STREET ADDRESS 11239 ST. JOHNS INDUSTRIAL PKWY. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE. FL 32246 CITY-ST-ZIP JACKSONVILLE 32246 D ☐ Delete TITLE ☐ Change NAME HEAD RICHARD NAME STREET ADDRESS 1 TANTALLON ROAD STREET ADDRESS CITY-ST-ZIP N BERWICK, E LOTH. SWITZ **EH39 5NF** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition MICHAEL NAME STREET ADDRESS 1 TANTALLON ROAD STREET ADDRESS CITY-ST-ZIP N BERWICK, E LOTH. SWITZ EH39 5NF CITY-ST-ZIP Delete TITLE Change Change Addition ZURBRIGGEN RAYMOND NAME STREET ADDRESS 1 TANTALLON ROAD STREET ADDRESS CITY-ST-ZIP N BERWICK,E LOTH. SWITZ EH39 5NF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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 address, with all other like empowered. SIGNATURE: __MICHAEL K. MILLER 04/27/2001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date