

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90001 043 \*\*\*150.00

**DOCUMENT # F96000004702**

1. Entity Name  
**HLINK COMMUNICATIONS, INC.**

Principal Place of Business <b>13751 S WADSWORTH PARK          SUITE 200          DRAPER UT 84020          US</b>	Mailing Address <b>13751 S WADSWORTH PARK          SUITE 200          DRAPER UT 84020-7950          US</b>
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**CU039308**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **86-0822141**  
 Applied For  
 Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		
TITLE <b>PD</b>	NAME <b>EDWARDS, JOHN W</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>13751 S WADSWORTH PARK SUITE 200</b>		
CITY-ST-ZIP <b>DRAPER UT 84020</b>		
TITLE <b>VT</b>	NAME <b>RYSER, KARL S</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>13751 S WADSWORTH PARK SUITE 200</b>		
CITY-ST-ZIP <b>DRAPER UT 84020</b>		
TITLE <b>S</b>	NAME <b>HARDY, DAVID E</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>818 E SOUTH TEMPLE</b>		
CITY-ST-ZIP <b>SALT LAKE CITY FL 84102</b>		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS <b>* John Edwards is still Director</b>		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>Dror Nahumi</b>		
CITY-ST-ZIP <b>13751 So. Wadsworth Park, Suite 200 Draper, UT 84020</b>		
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>Treasurer</b>		
CITY-ST-ZIP <b>John Ames</b>		
STREET ADDRESS <b>13751 So. Wadsworth Park Dr., #200</b>		
CITY-ST-ZIP <b>Draper, UT 84020</b>		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/2/00**  
 Date

**(801) 576-5000**  
 Daytime Phone #

CR2E034 (9/99)