

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

12/18/01 2/032 001  
APPROVED AND FILED #600.00

02 JAN 31 PM 4:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 98000102317  
1. Entity Name  
T3 LINK INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
204 N. ADAMS DR.  
Suite, Apt. #, etc.

3. Mailing Address  
204 N. ADAMS DR.  
Suite, Apt. #, etc.

**REINSTATEMENT 2001-2002**  
DO NOT WRITE IN THIS SPACE

City & State  
SARASOTA, FL

City & State  
SARASOTA, FL

Zip 34236 Country USA

Zip 34236 Country USA

4. FEI Number  
42-9581279

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
MURPHREE, JAMES G

Street Address (P.O. Box Number is Not Acceptable)  
204 N. ADAMS DR.

City SARASOTA FL Zip Code 34236

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 *James Murphree*, JAMES MURPHREE, PRESIDENT 1/24/02  
(Signature typed or printed name of registered agent, and title if applicable. (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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	P JAMES MURPHREE 204 N. ADAMS DRIVE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Tom MURPHREE 204 N. ADAMS DRIVE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOMINIC POWERS JR. 1940 QUAIL HOLLOW DRIVE, CUMMING, GA 30041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVID MURPHREE 11597 PURSE DRIVE MANASSAS, VA 20112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BETTY MURPHREE 204 N. ADAMS DRIVE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *James Murphree*, JAMES MURPHREE 1/24/02 941 388-1291  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PR2E034B (12/01)