

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

FILED

02 AUG 13 AM 8:41

DOCUMENT # P98000102317

1. Entity Name  
T3 LINK, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
600007174586--7  
-08/16/02--01078--006  
\*\*\*\*\*66.25 \*\*\*\*\*66.25

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
204 N. ADAMS DR.

3. Mailing Address  
15 PARADISE PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
# 229

DO NOT WRITE IN THIS SPACE

City & State  
SARASOTA, FL

City & State  
SARASOTA, FL

4. FEI Number  
65-0887787

Applied For  
 Not Applicable

Zip  
34236

Country  
USA

Zip  
34239

Country  
USA

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  
JAMES G. MURPHREE

Street Address (P.O. Box Number is Not Acceptable)

204 N. ADAMS DRIVE

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, 8-6-02

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 P  
NAME JAMES MURPHREE  
STREET ADDRESS 204 N. ADAMS DRIVE  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE C  
NAME TOM MURPHREE  
STREET ADDRESS 15 PARADISE PLAZA #229  
CITY-ST-ZIP SARASOTA, FL 34239

TITLE D  
NAME ROBERT GRIMES  
STREET ADDRESS 1940 QUAIL HOLLOW DR.  
CITY-ST-ZIP CUMMING, GA 30041

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 empowerments.

SIGNATURE: *James Murphree* JAMES MURPHREE 8-6-02 877 811 8383

CR2E034B (12/01)

js 8/14/02