

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

Amended

FILED

02 DEC 13 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000102317

1. Entity Name

T3 LINK, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 914 West 26th Street		3. Mailing Address 9925 Naynes Bridge Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 224	
City & State Lynn Haven, FL		City & State Alpharetta, GA	
Zip 32444	Country US	Zip 30022	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 429581279	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name James Murphree
Street Address (P.O. Box Number is Not Acceptable) 914 West 26th Street
City Lynn Haven
State FL
Zip Code 32444

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** 12/10/02 DATE
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P James Murphree 914 West 26th Street Lynn Haven, FL 32444	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000009507170 12/13/02--01059--003 **70.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C Tom Murphree 914 West 26th Street Lynn Haven, FL 32444	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>JR 12/10</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME 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 on an attachment with an address, with all other like empowered.

SIGNATURE *James Murphree* **JAMES MURPHREE** 12/10/02 678 624 9787
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Mailing Phone #

CR2ER4R (12/01)