

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90032 025 ***158.75

DOCUMENT # P94000045741	
1. Entity Name EPIXTAR CORP.	

Principal Place of Business 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181	Mailing Address 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181
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44013370

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

03162004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0722193	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GAMBONE, DEBORAH 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUNNE, GERALD 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/COO/D SAOUR, DAVID 11900 BISCAYNE BLVD., SUITE 262 MIAMI, FL 33181 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SABLON, RICHARD 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUAREZ, GEORGE 11900 BISCAYNE BLVD., SUITE 262 MIAMI, FL 33181 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAMBONE, DEBORAH 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S GAMBONE, DEBORAH 11900 BISCAYNE BLVD., SUITE 262 MIAMI, FL 33181 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOZZARD, HARRY 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/CMO FOZZARD, HARRY 11900 BISCAYNE BLVD., SUITE 262 MIAMI, FL 33181 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RHODES, WILLIAM 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODES, WILLIAM 11900 BISCAYNE BLVD., SUITE 262 MIAMI, FL 33181 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, MARTIN 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/CEO/C MILLER, MARTIN 11900 BISCAYNE BLVD., SUITE 262 MIAMI, FL 33181 ☒ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH GAMBONE SECRETARY *Deborah Gambone* 3/16/04 305-503-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Attachment
44019976

DOCUMENT # P94000045741 1. Entity Name EPIXTAR CORP.					
Principal Place of Business 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181			Mailing Address 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03162004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 65-0722193	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GAMBONE, DEBORAH 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181			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 entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUNNE, GERALD 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERMAN, DAVID 13500 N. KENDALL DRIVE, SUITE 129 MIAMI, FL 33186	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SABLON, RICHARD 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELAN, KENNETH 317 BROADWAY, SUITE 606 NEW YORK, NY 10007	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAMBONE, DEBORAH 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COONEY, JOHN 2901 COLLINS AVENUE MIAMI BEACH, FL 33140	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOZZARD, HARRY 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RHODES, WILLIAM 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, MARTIN 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: DEBORAH GAMBONE, SECRETARY <i>Deborah Gambone</i> 3/16/04 305-503-8600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					