FILED

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE: DEBORAH GAMBONE, SECRETARY X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

	WIMEIADED WALK	UAL REPUR	()						_		
DOCUMENT # P94000045741 1. Entity Name EPIXTAR CORP.						O4 SEP 17 AM IO: 19 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181 Miami, FL 33181 Miami, FL 33181 Miami, FL 33181				62		1 (O T) INT - 199		144 88 211 88 112 814 8 1			
11900 Suite, Apt.	BISCAYNE BLVD.	3. Mailing Address 11900 BISCAYNE BLVD. Suite, Apt. #, etc.			•	08272004	Chg-P	CB2E	034 (10/03)		
Suite City & State MIAMI	, FL	SUITE 700 City & State MIAMI, FL				4. FEI Numbe 65-072			Ap	plied For t Applicable	
zip _33181	Country USA 6. Name and Address of Current Re	Zip 33181 egistered Agent	US	•		 Certificate Name and 		ew Registered	\$8.75 Add Fee Required Agent		
GAMBONE, DEBORAH 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181 8. The above named entity submits this statement for the purpose of changing its register.				Street Address (P.O. Box Number is Not Acceptable) 11900 BISCAYNE BLVD., SUITE 700 City MIAMI FL Zip Code 33181							
SIGNATURE_	ions of registered agent. Signature, typed or printed name of registered agent and onded AR is \$61.25	d title if applicable. (NOTE 9. Election Campai Trust Fund Contr	gn Finar		\$5.	when reinstating) 00 May Be ed to Fees		DATE			
10	OFFICERS AND D	(DECTORS	1 11			ADDITIONS	CHANGES TO	OFFICERS AND	D DIRECTOR	0 IN 11	
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D CEOP SROUR, DAVID 11900 BISCAYNE BLVD., STE 26: MIAMI, FL 33181 T SUAREZ, GEORGE 11900 BISCAYNE BLVD., STE 26:	Delete	CITY TITLI NAM	E EET ADDRESS -ST-ZIP E	SR(O,P,D,C OUR, DA 900 BIS AMI, FI	: AVID SCAYNE : 3318'	BLVD.,	© Change STE. □ Change	Addition 700 Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33181 VPS GAMBONE, DEBORAH 11900 BISCAYNE BLVD., STE 26: MIAMI, FL 33181	☐ Delete	TITLI NAM STRE						☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCM FOZZARD, HARRY 11900 BISCAYNE BLVD., STE 26 MIAMI, FL 33181	Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODES, WILLIAM 11900 BISCAYNE BLVD., STE 26 MIAMI, FL 33181	Delete 2		1		-			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MILLER, MARTIN 11900 BISCAYNE BLVD., STE 26. MIAMI, FL 33181	₩ Delete							☐ Change	Addition	
indicated of the cor	certify that the information supplied with t I on this report or supplemental report is t reporation or the receiver or trustee empoy, or on an attachment with an address, w	rue and accurate and that n vered to execute this report	ny signa as reqyi	ture shall ha	ave the pter 607	same legal effe	ct as if made u	nder oath; that I	am an officer	or director	

2004 FOR PROFIT CORPORATION

attachment AMENDED ANNUAL REPORT DOCUMENT # P94000045741 1. Entity Name CHETARY OF STATE EPIXTAR CORP. TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 11900 BISCAYNE BLVD., STE 262 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181 MIAMI, FL 33181 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 06102004 -Chg-P City & State City & State 4. FEI Number Applied For 65-0722193 Not Applicable Country Ziο Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GAMBONE, DEBORAH 11900 BISCAYNE BLVD., STE 262 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33181. City 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 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. VP TITLE Delete MLE DUNNE, GERALD NAME MALE 11900 BISCAYNE BLVD., STE 262 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33181 CITY-ST-ZIF Change Addition Delete TITLE TITLE COO NAME NAME NORMAN DEPALANTINO STREET ADDRESS STREET ADDRESS 11900 BISCAYNE BLVD STE 262 CITY-ST-ZIP CITY-ST-ZIP <u>MIAMI, FL 33181</u> ☐ Delete TITLE Change X Addition CTO NAME ŘICHARD SABLON MALKE STREET ADDRESS STREET ADDRESS 11900 BISCAYNE BLVD STE 262 CITY-ST-78P CITY-ST-ZIP <u>MIAMI, FL 33181</u> Defete TILE ☐ Change ■ Addition MARK MAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-70 Change □ Addition Delete MLE TITLE KAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 charged, or on an attachment with an address, with all other like empowered.

os norain

SIGNATURE: DEBORAH GAMBONE, SECRETARY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

然6/11/04 Date

305-503-8600

Daytime Phone #

attachmen 2004 FOR PROFIT CORPORATI ANNUAL REPORT DOCUMENT #/P94000045741 1. Entity Name EPIXTAR GORP Principal Place of Business Mailing Address 11900 BISCAYNE BLVD., STE 262 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181 MIAMI, FL 33181 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162004 Chq-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-0722193 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GAMBONE, DEBORAH Street Address (P.O. Box Number is Not Acceptable) 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181 City Zip Code FL 4. 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed nerve of registered agont and title II applicable. (NOTE: Registered Agent signature required when minstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 **OFFICERS AND DIRECTORS** Charge Addition TITLE ☐ Defete TOLE. BERMAN, DAVID 13500 N. KENDALL DRIVE, SUITE 129 NAME NAME STREET ADDRESS STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZP CITY - \$7 - 7/P TITLE TITLE Change Addition ELAN, KENNETH 217 BROADWAY, SUITE GOG NEW YORK, NY 10007 NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TATA F ☐ Chance COONEY, JOHN 2901 COLLINS AVENUE NAME STREET ADDRESS STREET ACCRESS MIAMI BEACH FL 33140 CITY-ST-ZIP CITY-ST-ZIP ☐ Cliance ☐ Addition TITLE Delete me NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE O Dalate TITLE ☐ Change Addition MALIF STREET ADORESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP Addition ☐ Chartoe TITLE ☐ Defete TITS F NAME MME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 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 Samoone 3/16/04