1 of 3

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 SEP 17 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000045741

1. Entity Name
EPIXTAR CORP.

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

08272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
11900 BISCAYNE BLVD.	11900 BISCAYNE BLVD.
Suite, Apt. #, etc. Suite 700	Suite, Apt. #, etc. SUITE 700
City & State MIAMI, FL	City & State MIAMI, FL
Zip / Country 33181 / USA	Zip / Country 33181 / USA

4. FEI Number
65-0722193
☐ Applied For
☐ Not Applicable

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)
11900 BISCAYNE BLVD., SUITE 700

City: MIAMI **FL** Zip Code: 33181

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

Amended AR is $61.25

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	CEOP SROUR, DAVID 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181	☐ Delete	CEO,P,D,C SROUR, DAVID 11900 BISCAYNE BLVD., STE. 700 MIAMI, FL 33181	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SUAREZ, GEORGE 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181	☐ Delete	200041221702 09/21/04--01066--008 **70.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS GAMBONE, DEBORAH 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPCM FOZZARD, HARRY 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RHODES, WILLIAM 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC MILLER, MARTIN 11900 BISCAYNE BLVD., STE 262 MIAMI, FL 33181	☒ Delete		☐ 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 8/23/04 305-503-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

attachment 2 of 3

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1. Entity Name
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[redacted]

06102004 - Chg-P CR2E034 (10/03)

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

4. FEI Number 65-0722193 ☐ Applied For ☐ Not Applicable

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

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

Amended AR is $61.25

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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	[redacted] ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO NORMAN DEPALANTINO 11900 BISCAYNE BLVD STE 262 MIAMI, FL 33181 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CTO RICHARD SABLON 11900 BISCAYNE BLVD STE 262 MIAMI, FL 33181 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted] ☒ Change ☐ Addition

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SIGNATURE: DEBORAH GAMBONE, SECRETARY Deborah Gambone 6/11/04 305-503-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

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TALLAHASSEE FLORIDA

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[redacted]

03162004 Chg-P CR2E034 (10/03)

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Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0722193 ☐ Applied For ☐ Not Applicable

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

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

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	[redacted] ☐ 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	[redacted]	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELAN, KENNETH 217 BROADWAY, SUITE 606 NEW YORK, NY 10007 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted] ☐ 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	[redacted] ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted] ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted] ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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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 #