2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91457 042 ***158.75

DOCUMENT # P94000045741

1. Entity Name
EPIXTAR CORP.

Principal Place of Business	Mailing Address
12000 BISCAYNE BLVD 103 MIAMI, FL 33181	12000 BISCAYNE BLVD 103 MIAMI, FL 33181

2. Principal Place of Business	3. Mailing Address
11900 Biscayne Blvd.	11900 Biscayne Blvd.
Suite, Apt. #, etc. Suite 262	Suite, Apt. #, etc. Suite 262
City & State Miami, FL 33181	City & State Miami, FL
Zip 33181 Country USA	Zip 33181 Country USA

☐ CHECK HERE IF MAKING CHANGES

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
GREENMAN, IRVING 12000 BISCAYNE BLVD 103 MIAMI, FL 33181	Name Deborah Gambone Street Address (P.O. Box Number is Not Acceptable) 11900 Biscayne Blvd. Suite 262 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 Deborah R. Gambone, Corporate Counsel April 28, 2003
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	DPS GREENMAN, IRVING 12000 BISCAYNE BLVD #103 MIAMI, FL 33181	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Gerald Dunne 11900 Biscayne Blvd., Suite 262 Miami, FL 33181	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Richard Sablon 11900 Biscayne Blvd., Suite 262 Miami, FL 33181	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Deborah Gambone 11900 Biscayne Blvd., Suite 262 Miami, FL 33181	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Harry Fozzard 11900 Biscayne Blvd., Suite 262 Miami, FL 33181	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP William Rhodes 11900 Biscayne Blvd., SUite 262 Miami, FL 33181	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Martin Miller 11900 Biscayne Blvd., Suite 262 Miami, FL 33181	☐ Change ☒ Addition

(Cont'd next)

CR2E034 (10/02)

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: President 4/20/03 305/503-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

.2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045741

1. Entity Name
EPIXTAR CORP.

90113563

[redacted]

Principal Place of Business	Mailing Address
12000 BISCAYNE BLVD 103 MIAMI, FL 33181	12000 BISCAYNE BLVD 103 MIAMI, FL 33181

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
11900 Biscayne Blvd.	11900 Biscayne Blvd.
Suite, Apt. #, etc. Suite 262	Suite, Apt. #, etc. Suite 262
City & State Miami, FL	City & State Miami, FL
Zip: 33181 Country: USA	Zip: 33181 Country: 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	7. Name and Address of New Registered Agent
GREENMAN, IRVING 12000 BISCAYNE BLVD 103 MIAMI, FL 33181	Name: Deborah Gambone Street Address (P.O. Box Number is Not Acceptable): 11900 Biscayne Blvd. Suite 262 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: Deborah K. Gambone Corporate Counsel April 28, 2003
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS GREENMAN, IRVING 12000 BISCAYNE BLVD #103 MIAMI, FL 33181	☒ Delete	D David Berman 13500 N. Kendall Dr., Suite 129 MIami, FL 33186	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	S Deborah Gambone 11900 Biscayne Blvd., Suite 262 Miami, FL 33181	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	COO David Srour 11900 Biscayne Blvd., Suite 262 Miami, FL 33181	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	CFOD Irving Greenman 11900 Biscayne Blvd., Suite 262 Miami, FL 33181	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Asst. S Franklin Cortes 11900 Biscayne., Suite 262 Miami, FL 33181	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #