

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90218 020 \*\*\*150.00

NOTICE AT

**DOCUMENT # P99000111956**

1. Entity Name  
**EARTHMAX COMMUNICATIONS, CORP.**



Principal Place of Business  
**138 PALM COAST PARKWAY  
SUITE 327  
PALM COAST FL 32137**

Mailing Address  
**138 PALM COAST PARKWAY  
SUITE 327  
PALM COAST FL 32137**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**GILLIAM, JASON R  
138 PALM COAST PARKWAY  
SUITE 250  
PALM COAST FL 32137**

4. FEI Number **59-3626771**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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 \_\_\_\_\_ 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, 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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>AUSTIN, CHRISTOPHER</b>
STREET ADDRESS	<b>79 FLEMINGWOOD LANE</b>
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GILLIAM, JASON</b>
STREET ADDRESS	<b>138 PALM COAST PARKWAY #250</b>
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HARTMAN, PAUL</b>
STREET ADDRESS	<b>9 BEVERLY PLACE</b>
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HIGGS, JOE</b>
STREET ADDRESS	<b>P O BOX 35221</b>
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ROBELLO, MANNY</b>
STREET ADDRESS	<b>25 FLAGLER PLACE</b>
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **4-22-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)