

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F00000002057

Entity Name: EPARTNERS SOLUTIONS, INC.

FILED
Oct 08, 2007
Secretary of State

Current Principal Place of Business:

6565 MACARTHUR BLVD
SUITE 950
IRVING, TX 75039

New Principal Place of Business:

Current Mailing Address:

6565 MACARTHUR BLVD
SUITE 950
IRVING, TX 75039

New Mailing Address:

FEI Number: 75-2683057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: FRED SHEPARD

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ECOB () Delete
Name: DIAMOND, HOWARD
Address: 6565 MACARTHUR BLVD #950
City-St-Zip: IRVING, TX 75039

Title: CEO () Delete
Name: DIAMOND, HOWARD
Address: 6565 MACARTHUR BLVD #950
City-St-Zip: IRVING, TX 75039

Title: CFO (X) Delete
Name: MILLER, JAMIE
Address: 6565 MACARTHUR BLVD #950
City-St-Zip: IRVING, TX 75039

Title: DIR () Delete
Name: DIAMOND, HOWARD
Address: 6565 MACARTHUR BLVD #950
City-St-Zip: IRVING, TX 75039

Title: DIR (X) Delete
Name: FELD, BRADLEY
Address: 100 SUPERIOR PLAZA WAY #200
City-St-Zip: SUPERIOR, CO 80027

Title: DIR (X) Delete
Name: IACOVONE, JACK
Address: 445 PARK AVENUE
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED SHEPARD

Electronic Signature of Signing Officer or Director

VP

10/08/2007

Date