2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F01000002848

1. Entity Name
AXN, INC.

FILED
09 MAY -1 PM 12: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03052009 REIN-P CR2E098 (1/07)

Principal Place of Business	Mailing Address
1900 GLADES ROAD SUITE 359 BOCA RATON, FL 33431	1900 GLADES ROAD SUITE 359 BOCA RATON, FL 33431

2. Principal Place of Business - No P.O. Box #	3. Mailing Address #
411 Waverly Oaks Rd	411 Waverly Oaks Rd
Suite, Apt. #, etc. Ste 331	Suite, Apt. #, etc. Ste 331
City & State Waltham MA	City & State Waltham MA
Zip 02452 Country USA	Zip 02452 Country USA

4. FEI Number 65-1067363 — 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
BYARS, STEVE 1900 GLADES ROAD SUITE 359 BOCA RATON, FL 33431	Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Str City Tallahassee FL Zip Code 32301

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 Doreen Wallace — Doreen Wallace, Assistant Vice President — 3/30/2009
Signature, typed or printed name of registered agent and title if applicable. (NOTE: [illegible]) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V ☑ Delete	TITLE	☐ Change ☑ Addition
NAME	BYARS, STEVE	NAME	c/o Rapidiltez
STREET ADDRESS	1900 GLADES RD, STE 359	STREET ADDRESS	1900 Glades Rd Ste 359
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	AVITAL, ASHER	NAME	
STREET ADDRESS	1900 GLADES RD, STE 359	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP	
TITLE	DP ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	GADI, TAMARI	NAME	200148288732
STREET ADDRESS	1900 GLADES RD, STE 359	STREET ADDRESS	04/01/09--01002--018 **900.00
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP	
TITLE	D ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	BIRAN, GIL	NAME	
STREET ADDRESS	1900 GLADES RD, STE 359	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		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 exemptions contained 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 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: [illegible] Asher Avital March 17, 2009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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