

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F01000002848

1. Entity Name
AXN, INC.



FILED

09 MAY -1 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
1900 GLADES ROAD
SUITE 359
BOCA RATON, FL 33431

2. Principal Place of Business - No P.O. Box #
411 Waverly Oaks Rd
Ste 331

3. Mailing Address
411 Waverly Oaks Rd
Ste 331

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

03052009

REIN-P

CR2E098 (1/07)

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

BYARS, STEVE
1900 GLADES ROAD
SUITE 359
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BYARS, STEVE 1900 GLADES RD, STE 359 BOCA RATON, FL 33431	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AVITAL, ASHER 1900 GLADES RD, STE 359 BOCA RATON, FL 33431	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GADI, TAMARI 1900 GLADES RD, STE 359 BOCA RATON, FL 33431	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRAN, GIL 1900 GLADES RD, STE 359 BOCA RATON, FL 33431	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	clp Gadi, Tamari 1900 Glades Rd Ste 359 Boca Raton, FL 33431	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200148288732 04/01/09--01002--018 **900.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

225/7