


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

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90267 012 ***150.00

DOCUMENT # **FO2000005867**

1. Entity Name
i Fax SOLUTIONS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5500 WISSAHICKON AVENUE
Suite, Apt. #, etc.
SUITE M402A

3. Mailing Address
5500 WISSAHICKON AVENUE
Suite, Apt. #, etc.
SUITE M402A

DO NOT WRITE IN THIS SPACE

City & State
PHILADELPHIA, PA

City & State
PHILADELPHIA, PA

Zip **19144** Country **USA**

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4. FEI Number **04-3622307**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **CORPORATION SERVICE COMPANY**

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	P AMY JERSILD 2141 BAINBRIDGE ST. PHILADELPHIA PA 19146	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D DAVID DIPABLO 9 CONCORD WAY CHADDS FORD, PA 19317	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D TONY OWEN 70. SUTPHIN-PINES YARDLEY PA 19067	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Amy Jersild** **2/4/03** **215.438.4638**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)