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| (Red | questor's Name) | | • |
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| PICK-UP | WAIT | MAIL | |
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| Certified Copies | Certificates | of Status | |
| Special Instructions to F | Filing Officer: | | |
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COVER LETTER

Amendment Section Division of Corporations

TO:

| (Nan | ne of corporation) |
|---|--|
| OOCUMENT NUMBER: F03000004902 | |
| The enclosed Statement of Change of Registered | I Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this | TIONS CORP. The of corporation) I Office/Agent and fee are submitted for filing. The matter to the following: |
| | DRAH GAMBONE |
| (Name | e of contact person) |
| EPIXTAR PREPAI | D COMMUNICATIONS CORP. |
| (F | irm/Company) |
| 11900 BISCAYN | NE BOULEVARD, SUITE 700 (Address) |
| | I, FLORIDA 33181 |
| · · · | state and zip code) |
| For further information concerning this matter, p | please call: |
| DEBORAH GAMBONE | at (305) 503-8600 |
| (Name of contact person) | (Area code & daytime telephone number) |

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this |
|---|
| statement of change is submitted for a corporation organized under the laws of the State of |
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: EPIXTAR PREPAID COMMUNICATIONS CORP. |
| 2. The principal office address: 11900 BISCAYNE BOULEVARD, SUITE 700 |
| MIAMI, FL 33181 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: OCTOBER 1, 2003 Document number: F03000004902 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| DEBORAH GAMBONE |
| 11900 BISCAYNE BOULEVARD, SUITE 262 |
| MIAMI, FL 33181 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| 11900 BISCAYNE BOULEVARD, SUITE 700 |
| MIAMI, FL 33181 |
| (P.O. Box NOT acceptable) |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. |
| Edward P. Dunne President (Printed or typed name and type) |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| (Signature of Registered Agent) (Date) |
| If signing on behalf of an entity: |
| (Typed or Printed Name) |

* * * FILING FEE: \$35.00 * * *