


FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90303 037 ***158.75

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| DOCUMENT # F03000004904 | |  | | Secretary of State 04-22-2005 90303 037 ***158.75 | |
| 1. Entity Name EPIXSTAR INTERNATIONAL CONTACT CENTER GROUP, INC. | | | | | |
| Principal Place of Business 11900 BISCAYNE BLVD., SUITE 700 MIAMI, FL 33181 | | Mailing Address 11900 BISCAYNE BLVD., SUITE 700 MIAMI, FL 33181 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| Country | | Country | | Country | |
| 4. FEI Number 01-0789552 | | Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GAMBONE, DEBORAH 11900 BISCAYNE BLVD., SUITE 700 MIAMI, FL 33181 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | |
| 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO SROUR, DAVID 11900 BISCAYNE BLVD., SUITE 262 MIAMI, FL 33181 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SROUR, DAVID 11900 BISCAYNE BLVD. #700 MIAMI, FL 33181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GAMBONE, DEBORAH 11900 BISCAYNE BLVD., SUITE 262 MIAMI, FL 33181 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO KAMINSKY, ILENE 11900 BISCAYNE BLVD. #700 MIAMI, FL 33181 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GAMBONE, DEBORAH 11900 BISCAYNE BLVD. #700 MIAMI, FL 33181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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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 Block 11 if changed, or on an attachment with an address with all other like empowered. | | | | | |
| SIGNATURE <i>Deborah Gambone</i> DEBORAH GAMBONE, SECRETARY 3/28/05 305 503 8600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |