## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F04000005650

Title:

Name:

Address:

City-St-Zip:

FILED Sep 21, 2006 Secretary of State

Entity Nar	ne: VOX2DAT	A, INC.					
Current Principal Place of Business:			New Principal Place of Business:				
	HIRE BLVD ST HILLS, CA 902						
Current M	ailing Addres	s:	New Mailing Address:				
	HIRE BLVD ST HILLS, CA 902						
FEI Number:	56-2375629	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
CONNERS, KATHERINE 1283 TALLEVAST ROAD SARASOTA, FL 34243 US			4482 ASC	CONNERS, KATHERINE 4482 ASCOT CIRCLE N SARASOTA, FL 34235 US			
The above in the State		ubmits this statement for the p	urpose of changing i	ts registered o	ffice or registered agent, or both,		
SIGNATUR	RE: KATHERII	NE CONNERS		09/21/2006			
	Electron	c Signature of Registered Age	nt		Date		
		(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	receive the prior notic	e.			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	C () TORKAN, JOSE 9301 WILSHIRE BEVERLY HILLS	BLVD STE 203	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VCPS () CONNERS, KAT 1283 TALLEVAS SARASOTA, FL	ST ROAD	Title: Name: Address: City-St-Zip:	VCPS (X) CONNERS, KA <sup>*</sup> 4482 ASCOT C SARASOTA, FL	IRCLE N		
Title: Name: Address: City-St-Zip:	T () CONNERS, KAT 1283 TALLEVAS SARASOTA, FL	ST ROAD	Title: Name: Address: City-St-Zip:	T (X) CONNERS, KA <sup>-</sup> 4482 ASCOT C SARASOTA, FL	IRCLE N		
Title: Name: Address: City-St-Zip:	D () CARSON, RON 1283 TALLEVAS SARASOTA, FL		Title: Name: Address: City-St-Zip:	D (X) CARSON, RON 4482 ASCOT C SARASOTA, FL	IRCLE N		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KATHERINE CONNERS Ρ 09/21/2006

( ) Delete

GOEHRING, LUTHER

1362 E FRESS DRIVE

PHOENIX, AZ 85022

() Change () Addition