

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90104 020 \*\*\*150.00

60022907



03052007 Chg-P CR2E034 (12/06)

4. FEI Number **13-4137760** Applied For ☐ Not Applicable ☐

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

**DOCUMENT # F06000003385**  
1. Entity Name  
**EPANA NETWORKS, INC.**



Principal Place of Business  
**1250 BROADWAY 30TH FLOOR  
NEW YORK, NY 10001**

Mailing Address  
**1250 BROADWAY 30TH FLOOR  
NEW YORK, NY 10001**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

City & State  
Zip Country

**6. Name and Address of Current Registered Agent**  
**NRAI SERVICES INC  
2731 EXECUTIVE PARK DR SUITE 4  
WESTON, FL 33331**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	<b>C</b> <b>CONRADS, ROBERT</b> <b>1250 BROADWAY 30TH FLOOR</b> <b>NEW YORK, NY 10001</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>RAVITZ, MERYL</b> <b>1250 BROADWAY 30th FLOOR</b> <b>NEW YORK, NY 10001</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>SEIDMAN, ELIE</b> <b>1250 BROADWAY 30TH FLOOR</b> <b>NEW YORK, NY 10001</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILLAR, ALEX</b> <b>1250 BROADWAY 30TH FLOOR</b> <b>NEW YORK, NY 10001</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GACCIONE, RICH</b> <b>1250 BROADWAY 30TH FLOOR</b> <b>NEW YORK, NY 10001</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NIMRODI, SHLOMO</b> <b>1250 BROADWAY 30TH FLOOR</b> <b>NEW YORK, NY 10001</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CHARYTAN, ARIEL</b> <b>1250 BROADWAY 30TH FLOOR</b> <b>NEW YORK, NY 10001</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 #