Zgoo Onironii be	JOINEGO MERO	an lases	· ;		
DOCUMENT FOOD 1. Entity Name	8800000	,	,		
Cortex Communications, Inc.			FILED		
Principal Place of Business	Mailing Address		00 JUN -2 AM 8: 47		
,			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business 5313 Johns Road Suite, Apt. #, etc.	3. Mailing Address 1501 S. MoPac Suite, Apt. #, etc.	Expressiux	DO NOT WRITE IN THIS SPACE		
Suite 201	Suite 200			1	
City & State Tampa, FL	Austin TX		4. FEI Number Applied For Not Applicable	1	
2ip Country 33634 USA	78746	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	ĺ	
6. Name and Address of Cu	rrent Registered Agent	Name	7. Name and Address of New Registered Agent	İ	
CTG Corporation System			Name		
660 East Jefferson Street			Street Address (P.O. Box Number is Not Acceptable)		
Tallahassee, FL	32301				
		City	FL Zip Code		
8. The above named entity submits this statem SIGNATURE Signature, typed or printed name of registered 9. This corporation is eligible to satisfy its Intar Tax filling requirement and elects to do so.	agent and title if applicable. (NOTE: F	Registered Agent signature	TWA ANTAL OF THE CHOICE CANDAIGH FINANCING TO THE MAY BE I	<u> </u> -	
(See criteria on back) 11. OFFICERS	Make Check Payable AND DIRECTORS	to Department o	of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Delete	=	Chairman Change Addition	66/	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS	Herbert Wong 1601 S. Mopac Expressivay # 200 Austin, TX 78746	32E034 (9/99)	
TITLE		-		꽁	
NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	Steven Huber 501 S. MoPac Expressway # 200 fustin .TX 78746		
NTLE	☐ Delete	TITLE	V/T ☐ Change ☑ Addition		
VAME STREET ADDRESS CITY-ST-ZIP	. ^	STREET ADDRESS	william Gernstein 1501 5. morac Expressury #200 Austin, TX 78746		
NTLE VAME	☐ Delete	TITLE NAME	V/S Change Addition		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	1501 9. MOPAL EXPRESSUXLY # 200 Austin, TX 78746		
TITLE	☐ Delete	TITLE NAME	☐ Change ☐ Addition		
NAME STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	Change Addition		
itle Vame Street address Sity-St-Zip	∟ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
 I hereby certify that the information supplied indicated on this report or supplemental relationship. 	port is true and accurate and that my empowered to execute this report as	signature shall hav	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information we the same legal effect as if made under oath; that I am an officer or director ter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if		
SIGNATURE: Mulim	K. LeSlvdru, d or printed name of signing officer of	Melissa	K. LeTendre 5/12/00 (572)381-8888 Date Date Dayline Phone #		