

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000002326

1. Entity Name
EXTENSIS, INC.



Principal Place of Business
**900 ROUTE 9 NORTH, SUITE 403
WOODBIDGE, NJ 07095**

Mailing Address
**900 ROUTE 9 NORTH, SUITE 403
WOODBIDGE, NJ 07095**



03202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3524710

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00 ✓
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**1000000479457
04/10/06-80004-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	AUGUSTYN, RICHARD
STREET ADDRESS	90 E. 10TH STREET, APT 3
CITY- ST- ZIP	NEW YORK, NY 10003
TITLE	PVST
NAME	RADIN, BRIAN
STREET ADDRESS	16 SUTTON PLACE, APT 5A
CITY- ST- ZIP	NEW YORK, NY 10022
TITLE	D
NAME	RADIN, BRIAN
STREET ADDRESS	16 SUTTON PLACE APT 5A
CITY- ST- ZIP	NEW YORK, NY 10022
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

3/21/06 732-602-7782

Date

Daytime Phone #

DON ABERNATHY