

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90235 006 ***158.75

DOCUMENT # F99000005977

1. Entity Name
EPIK COMMUNICATIONS INCORPORATED



Principal Place of Business
**ATTN: GENERAL COUNSEL
3501 QUADRANGLE BLVD. SUITE 225
ORLANDO, FL 32817-8325**

Mailing Address
**ATTN: GENERAL COUNSEL
3501 QUADRANGLE BLVD. SUITE 225
ORLANDO, FL 32817-8325**

19011045

2. Principal Place of Business

3. Mailing Address
Att: Sean Doherty/Odyssey

Suite, Apt. #, etc.

Suite, Apt. #, etc.

444 High St., Suite 400

04272004

Chg-P

CR2E034 (10/03)

City & State

City & State

Palo Alto, CA

4. FEI Number

59-3575654

Applied For

Not Applicable

Zip

Country

Zip

94301

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
FORT LAUDERDALE, FL 33324**

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

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, 2004 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
**DCEO
DOHERTY, SEAN
3501 QUADRANGLE BLVD STE 225
ORLANDO, FL 32817** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCOO
STOCKWELL, JOSEPH
3501 QUADRANGLE BLVD STE 225
ORLANDO, FL 32817** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Sean Doherty
SEAN DOHERTY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2004 65-470-7550

Date

Daytime Phone #