

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # H67764**

1. Entity Name  
**EPICUS COMMUNICATIONS GROUP, INC.**



Principal Place of Business  
**1750 OSCEOLA DRIVE  
W. PALM BEACH, FL 33409 US**

Mailing Address  
**1750 OSCEOLA DRIVE  
W. PALM BEACH, FL 33409 US**

**FILED**  
**05 AUG -1 PM 4:31**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



707272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2564162**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KOEPPPEL, JOEL P ESQUIRE  
222 LAKEVIEW AVENUE  
SUITE 260  
WEST PALM BEACH, FL 33401**

**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 \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**200058107572**

**10. OFFICERS AND DIRECTORS**

TITLE  
**P / T / D**  
NAME  
**HARYMEN, GERARD**  
STREET ADDRESS  
**1750 OSCEOLA DRIVE**  
CITY-ST-ZIP  
**W. PALM BEACH, FL 33409**

TITLE  
**D**  
NAME  
**PALMER, TIMOTHY**  
STREET ADDRESS  
**1750 OSCEOLA DRIVE**  
CITY-ST-ZIP  
**W. PALM BEACH, FL 33409**

TITLE  
**VP / S / D**  
NAME  
**DONALDSON, THOMAS**  
STREET ADDRESS  
**1750 OSCEOLA DRIVE**  
CITY-ST-ZIP  
**W. PALM BEACH, FL 33409**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: Gerard Haryman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/28/05**  
Date

**407-942-1234**  
Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 514113 4188E  
AUTHORIZATION : *Patricia P. Pitt*  
COST LIMIT : \$ 550.00

ORDER DATE : July 29, 2005

ORDER TIME : 3:19 PM

ORDER NO. : 514113-005

CUSTOMER NO: 4188E

CUSTOMER: Ms. Dianna L. Wood  
Bryan Cave LLP  
3500 One Kansas City Place  
1200 Main Street  
Kansas City, MO 64105

RECEIVED  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: EPICUS COMMUNICATIONS GROUP  
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#2914

EXAMINER'S INITIALS: \_\_\_\_\_