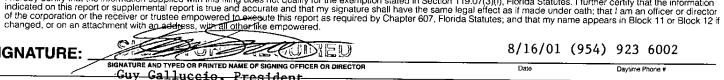
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000017362 1. Entity Name AXIUM, INC.				Ų	Secretary of State 08-21-2001 90009 015 ***550.00			
Principal Place of Business 1109 NORTH 21ST AVENUE SUITE 120 HOLLYWOOD FL 33020		Mailing Address 1109 NORTH 21ST AVENUE SUITE 120 HOLLYWOOD FL 33020						
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address			[4](50 01 50 1 60 60 60 60 60 60 60	IB BIISB 1111 3884	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number 65 1078175	├	pplied For lot Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	S8.75 Ad	Iditional	
	6. Name and Address of Current F	legistered Agent			7. Name and Address of New Regi			
FREEMAN, FRANK 11645 BISCAYNE BLVD.					an P. Kross, Esq O. Box Number is Not Acceptable) est Hillsboro BLVD		Total 1994	
SUITE 210 NORTH MIAMI FL 33181			City De	erfi	eld Beach	FL 3344	ie 2	
9. This corpor	Signature, typed or printed name of registered agent are ration is eligible to satisfy its Intangible equirement and elects to do so. a on back)		FEE IS \$550.0 0001 Fee will be to Department	00 ∋ \$750.0	then reinstating) 10. Election Campaign Finance		00 May Be	
11.	OFFICERS AND D	IRECTORS	12.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GALLUCCIO, GUY 1109 NORTH 21ST AVENUE SUIT HOLLYWOOD FL 33020	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	XXXXXXXXXXX RXXXXXXXX	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	Secy/Dr Alan Finfer 1745 NW 73rd Ave Plantation; FL 33	NAME STREET ADDRESS CITY-ST-ZIP	- week	The second secon	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr Marvin Welles 1846 Andromeda:La Weston, FL 33327	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	artify that the information supplied with the number of the proof of supplemental report is to	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Change	Addition	

SIGNATURE:



Date

Daytime Phone #