

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State
 02-25-2002 90081 048 ***150.00

DOCUMENT # P00000047315

1. Entity Name
AXIAN COMMUNICATIONS, INC.

Principal Place of Business
**1900 WEST COMMERCIAL BLVD., SUITE 46
 FT. LAUDERDALE FL 33309**

Mailing Address
**1900 WEST COMMERCIAL BLVD., SUITE 46
 FT. LAUDERDALE FL 33309**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-1009285**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HERMAN, ADAM S
 1900 W COMMERCIAL BLVD
 SUITE 46
 FORT LAUDERDALE FL 33-3098**

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BERMAN, DOUGLAS	
STREET ADDRESS	1001 BRICKELL BAY DRIVE, 27TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	MNAYMNEH, SAMI	
STREET ADDRESS	1001 BRICKELL BAY DRIVE, 27TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELLER, ARTHUR	
STREET ADDRESS	1001 BRICKELL BAY DRIVE, 27TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WISE, RONALD	
STREET ADDRESS	4888 LANGFIELD SUITE 600	
CITY-ST-ZIP	HOUSTON TX 77040	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEININGER, RICK	
STREET ADDRESS	33 COLLEGEVIEW ROAD	
CITY-ST-ZIP	WESTERVILLE OH 43081	
TITLE	P	<input type="checkbox"/> Delete
NAME	HAMMOND, WALLACE M	
STREET ADDRESS	1900 W COMMERCIAL BLVD SUITE 46	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATKINS, BETSY	
STREET ADDRESS	10 Edgewater Drive	
CITY-ST-ZIP	Coral Gables, FL, 33133	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Swartz	
STREET ADDRESS	1001 Brickell Bay Drive, 27th FL.	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adam Herman	
STREET ADDRESS	1900 W. Commercial Blvd, Suite 46	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Randy Zimmerman	
STREET ADDRESS	1900 W. Commercial Blvd, Suite 46	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Adam S. Herman 1-25-02 954-229-1602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)