2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000019717

Entity Name: ALEXIS COMMUNICATIONS, INC.

FILED Apr 23, 2003 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	IRA STREET NW Y, FL 32907			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	IRA STREET NW Y, FL 32907			
FEI Number	: 59-3712829 FEI Number Applied F	or () FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Current Registered A	gent: Name and Address o	Name and Address of New Registered Agent:	
PALM BAY	IRA STREET NW Y, FL 32907			
	e named entity submits this statement e of Florida.	t for the purpose of changing its registere	d office or registered agent, or both,	
SIGNATU				
	Electronic Signature of Regist	tered Agent	Date	
	mpaign Financing Trust Fund Contribution S AND DIRECTORS:		ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	VPQC () Delete EPPS, CATHY 1396 HEGIRA STREET NW PALM BAY, FL 32907 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DOM () Delete GRAVES, AARON J 1367 HEGIRA STREET NW PALM BAY, FL 32907 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CEO () Delete GRAVES, ALLAN W 1367 HEGIRA STREET NW PALM BAY, FL 32907 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CFO () Delete GRAVES, ALEXIS E 1367 HEGIRA STREET NW PALM BAY, FL 32907 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	CTO () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ALLAN W. GRAVES CEO 04/23/2003

4373 RALEIGH AVE., APT. 301

City-St-Zip: ALEXANDRIA, VA 22304 US

Address: