2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000082939

1. Entity Name



FILED

Apr 14, 2003 8:00 am Secretary of State	
04-14-2003 90933 030 ***150.00	

CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition	VALUE M	IAX, INC.)	
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Strict Application Strict	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	···	☐ CHECK HERE IF MAKING	CHANGES
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S. Name and Address of Current Registered Agent Name	Zip	Country	Zip	Country		88.75 Additional
LUMB, ROBIN 21642 GILMORE STREET JACKSONVILLE FL 32204 City FL Zio Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, viscol or principality of moment semic and the association. MINTE Registered Agent signature required with entire interval into a collegation of registered agent. FILE NOWITH FEE IS \$150.00 After May 1, 2003 Fee, with 16 9550.00 Make Check Payable to Flightide Department of State 10.		6. Name and Address of Current	Registered Agent			
2164-2 GILMORE STREET JACKSONVILLE FL 32204 City FL Zip Code City FL Zip Code 6. The above named onlity submits this stalement for the purpose of changing its registered office or registered agent, or both, in the State of Riorida. I am familiar with, and accept the chilippations of registered agent. The chilippation of registered agent. The ch	11028 52	NOW I		Name	,	l
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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 STEEL NOW! FEE S 150.00				<u></u>	<u> </u>	
SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee, will be \$550.00 Make Check Payable to Flightide Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.	JACKSON	WILLE PL 32204		City	FL	Zip Code
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	12. I hereby	certify that the information supplied with	this filing does not qualify for th	ne exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further certif	y that the information

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 an other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/03

Daytime Phone #