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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

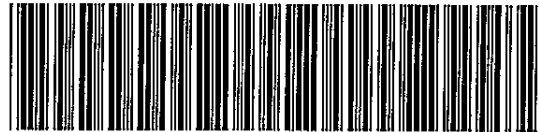
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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6/12/03

TRANSMITTAL LETTER

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2003 JUN -9 AM 9:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: EPIXTAR DIRECT RESPONSE CORP.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Deborah Gambone, Esq.
Name (Printed or typed)

11900 Biscayne Boulevard, Suite #262

Address

Miami, Florida 33181

City, State & Zip

(305) 503-8645

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:
EPIXTAR DIRECT RESPONSE CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
**11900 BISCAYNE BOULEVARD
SUITE # 262
MIAMI, FLORIDA 33181**

ARTICLE III PURPOSE

The Corporation is organized to engage in all lawful acts or activities and to transact any and all lawful business for which corporations may be incorporated under the laws of the State of Florida, including: to purchase, lease or otherwise acquire, own, hold, improve or dispose of real or personal property.

ARTICLE IV SHARES

The number of shares that this corporation is authorized to have is:
ONE THOUSAND (1000)

ARTICLE V OFFICERS AND DIRECTORS

President: **WILLIAM RHODES, JR.**
**ADDRESS: 11900 BISCAYNE BOULEVARD
SUITE # 262
MIAMI, FLORIDA 33181**

Secretary: **DEBORAH GAMBONE**
**ADDRESS: 11900 BISCAYNE BOULEVARD
SUITE # 262
MIAMI, FLORIDA 33181**

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DEBORAH GAMBONE, ESQ.
11900 BISCAYNE BOULEVARD
SUITE # 262
MIAMI, FLORIDA 33181

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

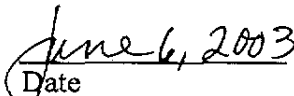
ARTICLE VII INCORPORATOR

The name and address of the incorporator of this corporation is:

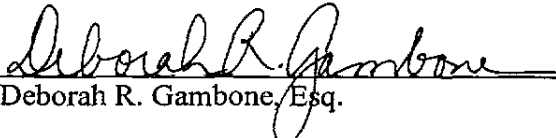
DEBORAH GAMBONE, ESQ.
11900 BISCAYNE BOULEVARD
SUITE # 262
MIAMI, FLORIDA 33181

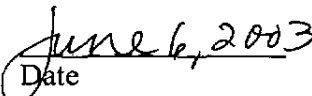
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Deborah Gambone, Esq., Registered Agent


Date

The undersigned incorporator has executed these Articles of Incorporation on the date so indicated.


Deborah R. Gambone, Esq.


Date