

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN -3 PM 12:54

DOCUMENT # P04000034303					
1. Entity Name ISIS COMMUNICATIONS, INC.					
Principal Place of Business 1031 EDMERE DRIVE FT. MYERS, FL 33919			Mailing Address 1031 EDMERE DRIVE FT. MYERS, FL 33919		
2. Principal Place of Business 21376 WOODCHUCK LN <small>Suite, Apt. #, etc.</small>		3. Mailing Address 21376 WOODCHUCK LN <small>Suite, Apt. #, etc.</small>			
City & State BOCA RATON FL		City & State BOCA RATON FL		4. FEI Number 20-1083778	
Zip 33428		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SNYDER, JULIE 1031 EDMERE DRIVE FT. MYERS, FL 33919			7. Name and Address of New Registered Agent Name: SNYDER, JULIE Street Address (P.O. Box Number is Not Acceptable): 21376 WOODCHUCK LANE City & State: BOCA RATON FL Zip Code: 33428		
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: <u>Julie Snyder</u> DATE: <u>12/30/05</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P NAME: SNYDER, JULIE STREET ADDRESS: 1031 EDMERE DRIVE CITY-ST-ZIP: FT. MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE: P NAME: SNYDER, JULIE STREET ADDRESS: 21376 WOODCHUCK LANE CITY-ST-ZIP: BOCA RATON FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: P NAME: LOPIAN, AVROM STREET ADDRESS: P.O. BOX 600567 CITY-ST-ZIP: N. MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete		TITLE: P NAME: LOPIAN, AVROM STREET ADDRESS: PO BOX 971113 CITY-ST-ZIP: BOCA RATON FL 33497	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Julie Snyder</u>			JULIE SNYDER <u>12/30/05</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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