2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P9300000029

1. Entity Name OMNIAFAX, INC.



FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91756 001 ***300.00

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Principal Plac	e of Busines	s	Mailin	ng Address									
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1ST FLOOR			IST I	FLOOR									
TAMPA FL 338	606-2677			A FL 33606-2677						1 00 11 00 11 00 1			
US			U\$)			1 88 58 88 58 81		
2. Principal Place of Business			3. Mai	3. Mailing Address					i idsienni fin ining tipii detii n	ai it ab it i #a iii a	#### DQ BE ###	1412	
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			-	☐ CHECK HERE IF MAKING CHANGES					
City & State			City	City & State				4. FEI Number 65-0379746			·	pplied For ot Applicable	
Zip		Country	try Zip Cou		Coun	ntry	1					8.75 Additional	
	6 Name	and Address of Curren	l Registers	ad Agent	l			7 N	lame and Address of New	Pagistered A			┨
-	O. Hame	and Address of Carten	register	su Agent		7. Name and Address of New Registered Agent Name							\dashv
1	STEVEN M				nate was	Street Address (P.O. Box Number is Not Acceptable)							- -
3821 SAN	PEDRO \$1									 -			4
TAMPA FL	33629												
}						City				FL	Zip Coo	le	7
	named entity		or the purp	ose of changing its	register	ed office or	registere	ed age	ent, or both, in the State of F	lorida. 1 am 1	amiliar with	and accept	1
SIGNATURE .	and the ground	oroc ago											
JIGINATURE .	Signature, typed	or printed name of registered agen	t and title if app	olicable (NOTE	: Registere	d Agent signatu	required	when rei	instating)	DATE			1
		! FEE IS \$150.00		[ĺ	9. Election Campaign F	inancing	\$5.0)0 May Be	{
		3 Fee will be \$550.00		ļ				}	Trust Fund Contributi			d to Fees	}
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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 the receiver of the corporation of the receiver of th changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SI I TOWN M. ROUSEN تري سالا لا الله SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-254-9449

Daytime Phone #