) For Profit ( Uniform Busine	CORPORATIO	N2005 (UBR)	Amended A/( 1 of 2	z jaz
DOCUMENT # p94000045 1. Entity Name EPIXTAR CORP.	741		O5 SEP -8 PH 4	• 09
DO NOT WRITE	IN THIS SP	ACE	SECHEMANY OF ST TALLAHASSEE, FL	ORIDA
2. Principal Place of Business 11900 BISCAYNE BLVD. Suite, Apt. #, etc. SUITE 700	3. Mailing Address 11900 BISCA Suite, Apt. #, etc. SUITE 700	YNE BLVD.	DO NOT WRITE IN THIS	
City & State MIAMI, FL Zip Country 33181 USA	City & State MIAMI, FL Zip 33181	Country	4. FEI Number           65-0722193           5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required
DO NOT W IN THIS SF	ACE	Street Address 11900 SUITE City MIAMI	FL	Zip Code - 33181
SIGNATURE Signature. typed or printed name of registered agent. January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of 10. OFFICERS AND TITLE NAME CEO/C NAME MILLER, MARTIN	State	Registered Agent signature requir TITLE NAME	9. Election Campaign Financing Trust Fund Contribution.	2022
STREET ADDRESS       11900       BISCAYNE       BI         CITY-ST-ZIP       MIAMI,       FL       33181         HILE       P/CFO/D         NAME       GREENMAN,       IRVING         STREET ADDRESS       11900       BISCAYNE       BI         CITY-ST-ZIP       MIAMI,       FL       33181		CITY-ST-ZIP TITLE NAME	5000597406 09/19/0501046014	35 ***61.25
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-Z	VD. SUITE 700	NAME STREET ADDRESS CITY-ST-ZIP	ADO NOT WR	TE
TITLE AS NAME BROWN, ROBERT STREET ADDRESS 11900 BISCAYNE BI CITY-SI-ZIP MIAMI, FL 33181	VD. SUITE 700	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WN THIS SPA	CE
TITLE D NAME GOLDSTEIN, SHELDO STREET ADDRESS 11900 BISCAYNE BI CITY ST-ZIP MIAMI, FL 33181	N VD. SUITE 700	CITY-ST-ZIP		
TITLE     D       NAME     COONEY, JOHN       STREET ADDRESS     11900 BISCAYNE BI       CITY-ST-ZP     MIAMI, FL_33181       12. I hereby certify that the information supplied with		CITY-ST-ZIP	Section 112.07(2)() Elocida Statutos Liturtes -	tilly that the information
of the corporation or the receiver or trustee emp attachment with an excess, with all other like en	true and accurate and that my owered to execute this report	y signature shall have the as required by Chapter	e same legal effect as if made under oath; that i 607, Florida Statutes; and that my name appea RETARY 9/7/05 305-5	am an officer or director

	Iniform Busine		(UBR)	$\neg \qquad \begin{array}{c} \text{ATTACHMENT} \\ 2 \text{ of } 2 \end{array} $	l
1. Entity Nan	MENT # P94000045	5741			
•	FAR CORP.				
				7	
	DO NOT WRITE	IN THIS SP.	ACE		
	Place of Business D BISCAYNE BLVD.	3. Mailing Address 11900 BISCAY			
Suite, Apt.	. #, etc	Suite, Apt. #, etc.	INE BUVD.	DO NOT WRITE IN THIS SPACE	
SUITE City & Stat		SUITE 700 City & State		4. FEI Number	oplied For
MIAMI		MIAMI, FL			ot Applicable
	Country	Zip 33181	Country	5. Certificate of Status Desired <b>\$8.75</b> Add Fee Require	ditional
33181	USA		USA	7. Name and Address of Current Registered Agent	
	DO NOT M	DITE	Name DEBORAI	H GAMBONE, ESQ.	
	DO NOT W			s (P.O. Box Number is Not Acceptable) BISCAYNE BLVD.	
	in this sp	ACE	SUITE '		
		•	City MIAMT	FL Zip Cod 3 3 1 8	e 0 1
8. The above	e named entity submits this statement for	r the purpose of changing its re		tered agent, or both, in the State of Florida. I am familiar with, a	
SIGNATURE	Signature, typed or printed name of registered agent a nuary 1 - May 1 Fee is \$150,00	and title if applicable (NOTE: R	egistered Agent signature requ		
Ja		State	legistered Agent signature requ	9. Election Campaign Financing \$5.0	0 May Be to Fees
Ja Make Check 10. TITLE	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 < Payable to Florida Department of	State	TITLE	9. Election Campaign Financing \$5.0	to Fees
Ja Make Check 10.	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 (Payable to Florida Department of OFFICERS AND D BERMAN, DAVID 11900 BISCAYNE BL	State DIRECTORS		9. Election Campaign Financing \$5.0	to Fees
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