

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91597 001 ***300.00

DOCUMENT # P99000110914
 1. Entity Name
MDNX ACQUISITION CORP.

Principal Place of Business Mailing Address
ONE S.E. THIRD AVE., 28TH FLOOR **669 RIVER DRIVE CENTER 2**
MIAMI FL 33131 **ELMWOOD PARK NJ 07407**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
669 River Drive
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Center 2
 City & State City & State
Elmwood Park, NJ
 Zip Country Zip Country
07407 *U.S.A.*

4. FEI Number **65-0978080** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVE., 28TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name—
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GLICK, MICHAEL B 669 RIVER DRIVE CENTER TWO ELMWOOD PARK NJ 07407 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHLANGER, DAVID J 669 RIVER DRIVE CENTER 2 ELMWOOD PARK NJ 07407 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAILLA, FRANK J JR 669 RIVER DRIVE CENTER 2 ELMWOOD PARK NJ 07407 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank J Failla* **4/26/02** Date
 _____ Daytime Phone #

CR2E034 (9/01)