

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90036 005 ***150.00

DOCUMENT # F99000005977

1. Entity Name
EPIK COMMUNICATIONS INCORPORATED

Principal Place of Business C/O FLORIDA EAST COAST INDUSTRIES, INC. 1 MALAGA STREET ST. AUGUSTINE FL 32084	Mailing Address C/O FLORIDA EAST COAST INDUSTRIES, INC. 1 MALAGA STREET ST. AUGUSTINE FL 32084
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3501 Quadrangle Blvd.	3. Mailing Address	4. FEI Number 59-3575654	Applied For
Suite, Apt. #, etc. Suite 225	Suite, Apt. #, etc.		Not Applicable
City & State Orlando, FL	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32817-8325	Country USA		

6. Name and Address of Current Registered Agent EDDINS, HEIDI J C/O FLORIDA EAST COAST INDUSTRIES, INC. 1 MALAGA STREET ST. AUGUSTINE FL 32084	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLELLAN, JOHN D	NAME	McClellan, John D.
STREET ADDRESS	3501 QUADRANGLE BLVD., SUITE 225	STREET ADDRESS	3501 Quadrangle Blvd., Suite 225
CITY-ST-ZIP	ORLANDO FL 32817	CITY-ST-ZIP	Orlando, FL 32817
TITLE	C <input type="checkbox"/> Delete	TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANESTIS, ROBERT W	NAME	Anestis, Robert W.
STREET ADDRESS	ONE MALAGA STREET	STREET ADDRESS	One Malaga Street
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	V <input type="checkbox"/> Delete	TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACSWAIN, ROBERT F	NAME	MacSwain, Robert F.
STREET ADDRESS	ONE MALAGA STREET	STREET ADDRESS	One Malaga Street
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDINS, HEIDI J	NAME	
STREET ADDRESS	ONE MALAGA STREET	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Heidi J. Eddins* **3/22/01** **904/826-2398**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR005/

CR2E034 (10/00)

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VP Finzi, Benjamin 3501 Quadrangle Blvd. Suite 225 Orlando, FL 32817-8325	T Byrne, R 3501 Quadrangle Blvd. Suite 225 Orlando, FL 32817-8325
Asst. Sec. Welch, John 3501 Quadrangle Blvd. Suite 225 Orlando, Fl 32817-8325	