

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90170 049 ***150.00

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

80117152

DOCUMENT # F99000001823 1. Entity Name ACCESS INTEGRATED NETWORKS, INC.			
Principal Place of Business SUITE 107 4885 RIVERSIDE DR. RIVERSIDE CORPORATE CENTER MACON, GA 31210		Mailing Address 4885 RIVERSIDE DR. SUITE 107 RIVERSIDE CORPORATE CENTER MACON, GA 31210	
2. Principal Place of Business 4885 Riverside Drive		3. Mailing Address 4885 Riverside Dr.	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300	
City & State Macon, GA		City & State Macon, GA	
Zip 31210		Zip 31210	
Country USA		Country USA	
4. FEI Number 58-2233012		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324		7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City, State, Zip 	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-appointing)			
FILE NOW!!! FEE US\$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PKD WRIGHT, WILLIAM T 777 WILL SCARLET WAY MACON, GA	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P/D Wright, William T. 777 Will Scarlet Way Macon, GA
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V FORBES, GEORGE 1049 UNDERWOOD DR. MACON, GA	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S/D Forbes, George 1049 Underwood Drive Macon, GA
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DV SMITH, RANDY 122 WOLF CREEK DR. MACON, GA 31220	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V Smith, Randy 122 Wolf Creek Drive Macon, GA 31220
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ROWLAND, WARREN RT 3 HOUSER MILL RD BRYON, GA	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VT DAVIDSON, ROCKY 4885 RIVERSIDE DRIVE MACON, GA 31210	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P/D Davidson, Rocky 4885 Riverside Drive Macon, GA 31210
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VDS PAGE, RODNEY 1224 CRAWFORD RD BARNESVILLE, GA	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V/D Page, J. Rodney 1224 Crawford Road Barnesville, GA
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: _____ J. Rodney Page		478-476-7940 Daytime Phone #	

CFR2034 (10/02)