

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90036 029 ***550.00

DOCUMENT # F01000001016					
1. Entity Name ACCESSLINE COMMUNICATIONS CORPORATION					
Principal Place of Business 11201 S.E. 8TH STREET, SUITE 200 BELLEVUE, WA 98004			Mailing Address 3100 CUMBERLAND BLVD SUITE 900 ATLANTA, GA 30339		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04172008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 91-1353821	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TCS CORPORATE SERVICES, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$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-ST-ZIP	CEO JONHSON, DOUG <input type="checkbox"/> Delete 11201 SE EIGHTH ST. STE 200 BELLEVUE, WA 98004		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTO KNIGHT, JERRY <input checked="" type="checkbox"/> Delete 11201 SE EIGHTH ST STE 200 BELLEVUE, WA 98004		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TIM ROBERTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11201 SE EIGHTH ST, SUITE 200 BELLEVUE, WA 98004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KLEBANOFF, MARK <input checked="" type="checkbox"/> Delete 11201 SE 8TH ST, SUITE 200 BELLEVUE, WA 98004		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICK ONO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11201 SE EIGHTH ST, SUITE 200 BELLEVUE, WA 98004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRENT LASSETER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11201 SE EIGHTH ST, SUITE 200 BELLEVUE, WA 98004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____			Tim Roberts 5/16/08 206-621-3500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		