

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90100 018 ***550.00

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DOCUMENT # F04000004843 1. Entity Name GLOBAL NET ACCESS INC.					
Principal Place of Business ONE BLUE HILL PLAZA PEARL RIVER, NY 10965			Mailing Address P.O. BOX 1665 ONE BLUE HILL PLAZA PEARL RIVER, NY 10965		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 56-2406313	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <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	C SCHWARTZ, JEFFREY CEO ONE BLUE HILL PLAZA PEARL RIVER, NY 10965 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO RICHARD WENTWORTH ONE BLUE HILL PLAZA PEARL RIVER, NY 10965 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVC STOLLMAN, ANDREW ONE BLUE HILL PLAZA PEARL RIVER, NY 10965 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARK GUTTERMAN STAR POINT SOLUTION - 115 BROADWAY NYC, NY 10006 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURSTEIN, LAWRENCE 245 5TH AVE. SUITE 1500 NEW YORK, NY 10016 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY SKALA FEDER KASZOVITZ, ISAACSON 750 LEXINGTON AVE NYC NY 10022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, EDWIN 570 LEXINGTON AVE. 27TH FLOOR NEW YORK, NY 10022 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT MACHINIST 550 THEODORE FREUND AVE RYE NY 10580 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARVEY, DANIEL CFO ONE BLUE HILL PLAZA PEARL RIVER, NY 10965 <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	V GILLON, JOSH ONE BLUE HILL PLAZA PEARL RIVER, NY 10965 <input checked="" 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 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: _____ 7/18/5 845-620-1212 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					