FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami Secretary of State DIVISION OF CORPORATIONS

1996

F95000002290 (3)

DOCUMENT #

1. Corporation Name

1. ACCESS TELEMEDIA CORPORATION

Principal Place of Business

Mailing Address



211 S. OCEAN DRIVE SU.504 HOLLYWOOD FL 33019-1706		211 S. OCEAN DRIVE SU.504 HOLLYWOOD FL 33019-1706		3. Date Incorporated or Qualified	3a. Date of Last Report
		2a. Mailing Address		05/05/1995 4. FEI Number	Applied For
		P.O. Box	221492	65-0561359	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75 Additional Fee Required
City & State		City & State 28 HOLLYWOO	p. Fi.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	29 330ムス	Country 30 USA		□No
<u> </u>	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New R	egistered Agent
211 S.	I, LOUIS-MILO OCEAN DRIVE SU.504 NOOD FL 33019-1706		81 Name 82 Street Add	fress (P.O. Box Number is Not Acceptab	le;
HOLETT	WOOD 12 00010 WOO		81 City		FL 85 Zip Code
SIGNATURE _	Synahize Typed or printed name of registered a OFFICERS	gent are the Laguinable (NC AND DIRECTORS	TE Registered Agred Signature return	ed www.forcedless ADDITIONS/CHANGES TO OFF	
TITLE	C	DELETE	1 1 1711		Change Addition
NAME	GIBALDI, LOUIS-MILO		1.2 NAM		
STREET ADDRESS	211 S. OCEAN DR. SU.5	04	1.3 STRE- T ADDRESS		
DITY-ST-ZIP	HOLLYWOOD FL 33019-		14 CITY ST-ZIP		
ITLE		☐ DELETE	2 1 1111		Change Addition
IAME			2 2 NAM		
STREET ADDRESS			2.3 STREET ADDRESS		
TY-ST-ZIP			24 CUTY ST ZIP		☐ Change ☐ Addition
ITLE		Defete	3 1 T.Tu:		Change C Addition
AME			3.2 NAM:		
TREET ADDRESS			3.3 STR ET ADDRESS		
ITY-ST-ZIP		[] DELETE	3.4 CITY ST-ZIP 4. 1 TIE:		Change Addition
ITLE			4.2 NAV		
ame Treet address			4.3 STR: EL ADORESS		
ITY-ST-ZiP			4.4 C(T) +S1 - 2(f)		
ITLE		☐ DELETE	5 1 TITL:		☐ Change ☐ Addition
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TREET ADDRESS			5.3 STR EL ADORESS		
HTY-ST-ZIP			5.4 C(1) - ST - Z(P)		
ITLE		DELETE	6 1 TIT E		Change Addition
TILE					
			6 2 NAN F		
name Street address			62 NAN E 63 STRIET ADDRESS		

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as infracte under that I am an officer or director of the corporation or the receiver or trustee empowers 1 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE