# F-9600003153

Qualification/Pax Lien Section TO: Division of Corporations SUBJECT: Clobal Becass Interactive Network, Inc. Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. W76-13/36 Please return all correspondence concerning this matter to the following: フっトゥ R. Snow アロロロ1台7054で -06/21/96--01015--006 (Name of Person) \*\*\*\*\*70.00 \*\*\*\*\*70.00 Clobs/ Access Intractive Notwork Inc. (Firm/Company) 195 Wellin Springs Rd. #100 Longwood, FL 32779 (City/State/Zip) Should you need to call someone concerning this matter, please call: John R. Snow at (407) 7880066
(Name of Person) (Area Code & Daytime Telephone Number)

#### **COURIER ADDRESS:**

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

#### **MAILING ADDRESS:**

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

### 'APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

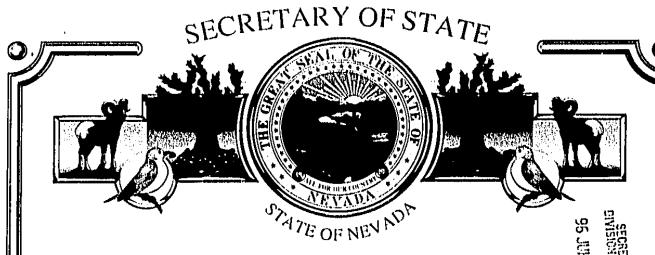
IN COMPLIANCE WITH SECTION 607, 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Clotal Access Interactive Network Inc.  (Name of corporation: must include the word "INCORPORATION", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)		
	natural person or partnership if not so contained in the name at present.)		
2.	(State or country under the law of which it is incorporated) (FBI number, if applicable)	<del></del>	
4,	(Date of Incorporation)  (Date of Incorporation)  (Duration: Year corp. will cease to exist or "perpetual")	<del></del> -	
6.	(Date first transacted business in Florida. (SEB SECTIONS 697, 1501, 607, 1502, AND 817, 155, P.S.)		
7.	195 Wekin Spanigs Rd. Snite 100		
	$\sqrt{2}$	SIAIO	
	(Current mailing address)		
8	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)		
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box		
	Name: John R. Snow, Esq.		
	Office Address: 195 We kiva Spaings Kd		
	Suite 100, Longwood, Florida, 32779 (Zip Code)		
10. Registered agent's acceptance: (Zip Code)			
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.			
	(Registered agent's signature)		
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other			
	official having custody of corporate records in the jurisdiction under the law of which it is		

incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) 100 Address: \_\_\_ Vice Chairman: Address: \_\_ Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) Monning President: Address: Vice President: Address: \_ Secretary: DRING5 Address: \_ Treasurer: Address: 32 **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited liability companies, limited partnership, and limited liability partnerships pursuant to Title 7 of the Nevada Revised Statutes; and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **GLOBAL ACCESS INTERACTIVE NETWORK**, **INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 9, 1996, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on June 4, 1996.

Secretary of State

Ву

Certification Clerk





Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Corporate address change

Global Access Interactive Network, Inc has changed its corporate address to:

Global Access Interactive Network, Inc. 217 N. Westmonte Drive Suite 2009 Altamonte Springs, FL 32714

If you require any additional information, feel free to contact me.

Tack Snow
Corporate Counsel

K5"/18