

5/19

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-19-2000 90099 014 ***150.00

DOCUMENT # F 98000005620			
1. Entity Name Image Access, Inc.			
Principal Place of Business 3525 Causeway Blvd Suite 501 Metairie, LA 70002		Mailing Address PO Box 7517 Metairie, LA 70010-9936	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FBI Number 72-1401273		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
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.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) FILE NOW!! FEE IS \$400.00 After MAY 1, 2000 Fee will be \$540.00 Make Check Payable to Department of State			
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
CR20034 (9/99)			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered			
SIGNATURE: Jim Dry Vice President 4/27/00 504-834-9363			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			