

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90236 010 ***150.00

DOCUMENT # **F99000001823**

1. Entity Name

Access Integrated Networks, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SUITE 107, 4885 Riverside Dr.
Suite, Apt. #, etc.
Riverside Corporate Center

3. Mailing Address

4885 Riverside Dr. Suite 107
Suite, Apt. #, etc.
Riverside Corporate Center

DO NOT WRITE IN THIS SPACE

City & State

Macon GA

Zip **31210**

Country

City & State

Macon GA

Zip **31210**

Country

4. FEI Number

58-2233012

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CI Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City
Plantation

FL

Zip Code
33324

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)

**January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PKD	Wright, William T	777 Will Scarlet Way	Macon GA				
V	Forbes, George	1049 Underwood Dr.	Macon GA				
DV	Smith, Randy	122 Wolf Creek Dr.	Macon GA 31220				
D	Rowland, Warren	RT 3 Houser Mill Rd.	Bryon GA				
VT	Rocky Davidson	Suite 202, 4885 Riverdale Dr.	Riverside Corporate Center Macon GA 31210				
VDS	Page, Rodney	1224 Crawford Rd.	Barnesville GA				

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rocky Davidson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rocky Davidson 4/22/02 478-476-7970

Date

Daytime Phone #