


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # F99000001823
1. Entity Name
ACCESS INTEGRATED NETWORKS, INC.



Principal Place of Business 4885 RIVERSIDE DRIVE SUITE 304 MACON, GA 31210	Mailing Address 4885 RIVERSIDE DRIVE SUITE 304 MACON, GA 31210
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01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2233012	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

U00000682061

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

02/02/07-80092-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO OVELL, APRYLE 4885 RIVERSIDE DR., SUITE 304 MACON, GA 31210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ODDO, VINCENT 4885 RIVERSIDE DR., SUITE 304 MACON, GA 31210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAXTER, D. MARK 577 MULBERRY ST., SUITE 800 MACON, GA 31210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, HOLCOMBE 3060 PEACHTREE ST, NW., SUITE 1060 ATLANTA, GA 30305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODSEY, KIRBY R DR 3060 PEACHTREE ST, NW., SUITE 1060 ATLANTA, GA 30305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  APRYLE L. OVELL 1-22-2007 478-475-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #