LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State
01-15-2003 90046 046 ****55.00

DOCUMENT # L02000007305

1. Entity Name

Infinity Access Group, LLC

20007103

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13902 N Dale Mabry Hwy	13902 N. Dale Mabry Hwy
Suite, Apt. #, etc.: Suite 103	Suite, Apt. #, etc.: Suite 103
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33618 Country: USA	Zip: 33618 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3657099 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Hines, James P

Street Address (P.O. Box Number is Not Acceptable): 315 S. Hyde Park Ave

City: Tampa **FL** Zip Code: 33606

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President - Dave Stewart 13902 N. Dale Mabry Hwy Suite 103 Tampa, FL 33618
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President - Bobby Johnson 1365 Armond Drive # 103 Memphis, TN 38103
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer - William Ballance 963 Cross Cut Way Longwood, FL 32750
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary - Carl Sconnely 620 Douglas Ave Suite 1312 Altamonte Springs, FL 32714-2546
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CR2E083B (12/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Dave Stewart 1-13-03 813-269-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #