2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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FILED Mar 31, 2003 8:00 am Secretary of State

03-13-2003 90002 049 ****50.00

MARIES FLAME SAME ADMINISTRATION THE SAME ADMINISTRATI	1. Entity Nam GLOBAL	ACCESS SERVICES, LLC							
Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES	2156 SANTA BARBARA BOULEVARD		2156 SANTA BARBARA BOULEVARD						
City & State City & State City & State City & State Country Country Country S. Contrictor of Status Desired Respectively S. Contrictor of Status Desired S. Name and Address of New Registered Agent F. L. Respectively S. Contrictor of States City F. L. Zip Code S. The above named entity submits this statement for the purpose of changing its registered diffus or registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of pringered agent. Signature of principle of States Signature of States Signature of States Desired S. MANAGING MEMBERS INANAGERS Int. MARKAN DISTRICTORS SIGNATURE S. ADDITIONS/CHANGES Int. MARKAN	2. Principal P	ace of Business	3. Mailing Address						
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BARICAN, EVANGELINE B 4300 19TH AVENUE S.W. NAPLES FL 34118 8. The above named entity submits the statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of projectored agent, or both, in the State of Florida. I am familiar with, and accept the obligations of projectored agent. SIGNATURE MICHAEL S. MANAGING MEMBERS/MANAGERS B. MANAGING MEMBERS	City & State		City & State		4. FEIN	umber 069 445	<i>)</i>		}
BARICAN, EVANGELINE B 4300 19TH AVENUE S.W. NAPLES FL 34118 City FL Zip Code	Zip	Country	Zip	Country	5. Certif	icate of Status Desired			
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## 4300 19TH AVENUE S.W. NAPLES FL 34118 City	DAD			- Name	The state of				=
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of projected agent. Comparison of projected agent Comparison of projected agent	4300 19TH AVENUE S.W.			Street A	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Plorida. i am familiar with, and accept the obligations of registered agent. SIGNATURE		•		City			Zip Co	de	
Make Check Payable to Florida Department of State Due By May 1, 2003	the obligat	ions of registered agent.				·		, and accept	
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		artify that the information aunolised with	h this filling does not qualify for		ed in Section 119.0	7/3)(i) Florida Statuteo 1	further certify that the i	nformation	

Indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under out; 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.

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #