2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 23, 2008 8:00 am Secretary of State DOCUMENT # L03000008642 04-23-2008 90126 037 ***138.75 THE ACCESS CENTER, LLC Principal Place of Business Mailing Address 60027314 14375 MYER LAKE CIR 14375 MYER LAKE CIR CLEARWATER, FL 33760 CLEARWATER, FL 33760 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 33-1047812 Not Applicable Ζip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANKIE AGENTS AND CORPORATIONS, INC. 300 FIFTH AVENUE SOUTH SUITE 101-330 NAPLES, FL 34102 City earwater 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 (NOTE: Registered Agent signature required whon reinstating) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE ☐ Delete IIII E ☐ Change ☐ Addition THE SPACE CONNECTION, INC. NAME NAME STREET ADDRESS 10530 VICTORY BLVD STREET ADDRESS CITY-ST-ZIP NORTH HOLLYWOOD, CA 91606 CITY-ST-7/P MGRP TITLE ☐ Delete TM F ☐ Change ■ Addition WINSETT, FRANKIE NAME NAME STREET ADDRESS 14375 MYER LAKE CIR STREET ADDRESS CITY-ST-7IP CLEARWATER, FL 33760 CITY-ST-7/P ☐ Detete TITLE TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE □ Delete TEDE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete me Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. 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 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.

FILED