

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2001 8:0**  
**Secretary of State**

**DOCUMENT # M98000001559**

**1. Entity Name**  
**ACCESS AMERICA INTERACTIVE COMMUNICATIONS LLC**

**Principal Place of Business**

**715 WEST S.R. 434  
LONGWOOD FL 32750**

**Mailing Address**

**320 MAIN STREET  
LAUREL MD 20707**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number 06-1529515**

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**COX, TAMMY  
715 WEST S.R. 434  
LONGWOOD FL 32750**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MEMBERS**

**TITLE NAME STREET ADDRESS CITY-ST-ZIP**  
**MGRM XACT TELESOLUTIONS, INC. 320 MAIN STREET LAUREL MD 20725** ☒ Delete

**TITLE NAME STREET ADDRESS CITY-ST-ZIP** ☐ Delete

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**TITLE NAME STREET ADDRESS CITY-ST-ZIP** ☐ Delete

**10. ADDITIONS/CHANGES**

**TITLE NAME STREET ADDRESS CITY-ST-ZIP** ☐ Change ☒ Addition  
**PRESIDENT / MEMBER SHARON GROSSMAN 320 MAIN STREET LAUREL, MD 20725**

**TITLE NAME STREET ADDRESS CITY-ST-ZIP** ☐ Change ☐ Addition  
**700003959297--0 -04/04/01--01077--007 \*\*\*\*\*50.00 \*\*\*\*\*50.00**

**TITLE NAME STREET ADDRESS CITY-ST-ZIP** ☐ Change ☐ Addition

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**TITLE NAME STREET ADDRESS CITY-ST-ZIP** ☐ Change ☐ Addition

**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:** *Thomas J. Dushel* **THOMAS J. DUSHEL, CONTROLLER 3/23/01 (410) 724-5478**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)