2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

04-12-2004 90025 027 ****50.00
M98000001559
FILED
04 APR 20 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E083 (11/03)

DOCUMENT # M98000001559

1. Entity Name
ACCESS AMERICA INTERACTIVE COMMUNICATIONS LLC

Principal Place of Business	Mailing Address
715 WEST S.R. 434 LONGWOOD FL 32750	320 MAIN STREET LAUREL MD 20707

2. Principal Place of Business	3. Mailing Address
CLOSED & CEASED	
Suite, Apt. #, etc. OPERATIONS	Suite, Apt. #, etc.
City & State AS OF 12/31/03	City & State
Zip / Country	Zip / Country

4. FEI Number 06-1529515 ☐ Applied For ☐ Not Applicable

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

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. 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) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GROSSMAN, SHARON		NAME	
STREET ADDRESS	320 MAIN STREET		STREET ADDRESS	
CITY-ST-ZIP	LAUREL MD 20725		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ 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			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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. [signature], CONTROLLER 3/5/04 (410) 549-5081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #