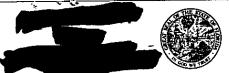
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT #

P01000032805

1. Corporation Name

ACCESS NETWORKS, INC.

2. New Principal Office Address, If Applicable

Principal Place of Business

Mailing Address

18599 90TH STREET NORTH LOXAHATCHEE FL 33470

Suite, Apt. #, etc.

City & State

18599 90TH STREET NORTH LOXAHATCHEE FL 33470

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. New Mailing Office Address, If Applicable 1711 North Willihary Tras

Dity & State

FILED

02 DEC 13 PH 4: 55

SECRETARY OF STATE



100009500541 12/13/02--01020--019 \*\*150.00

Date Incorporated or Qualified To Do Business in Florida	03/29/2001		
5. FEI Number	Applied For		
US-1099682	Not Applicable		
6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee require for a Certificate of Status		

		Jaim Neach	Guraeus		6.		\$8.75 Additional Fee required	
Žip	Country	Zip 334/0	Country USA	1	CERTIFICATE	OF STATUS DESIRED	for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	or Director (Florida nonpr	ofit corporations mus	st list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors	3	Street Addre Officer and/			City / State / Zip		
00	SCHNEIDAU, WILLIAM	18599 9	18599 90TH STREET NORTH			LOXAHATCHEE FL 33470		
			<del></del>					
· · · · · · · · · · · · · · · · · · ·								
<u> </u>								
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent				
CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET #200			Street	Name ////am Schneldas  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.				
MIAMI BEACH FL 33139			Julie,	ouite, Apr. π, Lie.				

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I'v xahabbee

33470

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agen

Date 12/10/02

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

FECTOR Date Daytime Phone #

LOFT

## **ACCESS NETWORKS INC**

7711 NORTH MH UTARY TRAP PALM BEACH CARDI MS ET 33 166 861 673 3524 561 673 3594

BOWN WAS NOW

December 10, 2002

FLA DEPT OF STATE TALLAHASSEE FL

Dear Sir.

I am a new corporation and have moved a number of time since establishing the corp. I never received the UBR notices that you say I should have. I am requesting that you please not dissolve my company name. I have enclosed a check for the \$150.00 as stated in the information packet that I received the other day. Thank you in advance for your attention to this situation.

Sincerely,

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