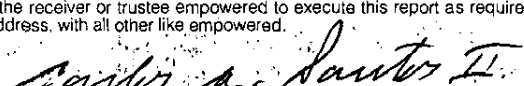


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90901 001 *****8.75
05-05-2003 90901 002 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PD1000100 754			
1. Entity Name ACCESS TELECOM NETWORK Limited INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 7305 N.W. 113 PL		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33178	Country DADE	Zip	Country
4. FEI Number 65-1149580		Applied For: Not Applicable	
5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name CARLOS A. SANTOS II			
Street Address (P.O. Box Number is Not Acceptable) 7305 N.W. 113 PL			
City MIAMI		FL	Zip Code 33178
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  4/28/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE PRES.	NAME CARLOS A. SANTOS II	TITLE	NAME
STREET ADDRESS 3970 W. FLAGLER ST. #203	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP MIAMI, FL 33134	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE SECRETARY	NAME FEDERICO SANTOS	TITLE	NAME
STREET ADDRESS 7305 N.W. 113 PL	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP MIAMI, FL 33178	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE VICE PRES.	NAME MAURICIO QUIJANO	TITLE	NAME
STREET ADDRESS 7305 N.W. 113 PL	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP MIAMI, FL 33178	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/28/03 305 CARLOS A. SANTOS II 648-0019	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034B (12/02)