## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 28, 2003 8:00 am Secretary of State 04-14-2003 90383 019 \*\*\*150.00

1, Entity Nan	MENT # P020( ACCESS COMMUNICATIO	04-14-2003 9038	3 019 ***1	.50.00				
Principal Place 2200 S DIXII MIAMI FL 33	ce of Business E HWY STE 800 (604 1133	Mailing Address 2200 S DDIE HWY STE MIAMI FL 33133	604	- L Nuambri (n. elinê libi) dahi buwi bahi a	SIRÎ HIIÊ (INÎ 10)	AI 44: AI 1211 (01)		
Principal Place of Business     3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKI	NG CHANGES	;	
City & Stat	ie .	City & State			4. FEI Number 03-04/3/50	<del> </del>	pplied For ot Applicable	-
Zip Country -		Zip	Country		5. Certificate of Status Desired	te of Status Desired		
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registere	d Agent		].
			·	Name -	ر از فی هر چک آنها در ما ها ها از در در در این از در			
POHUDKA, MIKE 6100 Maynada St				Street Address (	P.O. Box Number is Not Acceptable)	<del></del> ,	<del></del>	1
CORAL GABLES FL 33146						<u> </u>		7
	, 			City	F	— í		1
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or register	red agent, or both, in the State of Florida. I ar	n familiar with,	and accept	7
-SIGNATURE	Signature, typed or printed name of registered agent a	nd title il applicable. (NOTI	: Registere	Agent signature required	s when reinstating) DATE			
ين اع مخاص ٍ	ILE NOW!!! FEE IS \$150.00	<del></del>						1
	May 1, 2003 Fee will be \$550.00	į		-	<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>	\$5.0 Added	May Be	
Make Check	Payable to Flörlda Department of	State			Trust Puna Contribution.	LI Added	I to Fees	
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	3 IN 11	1_
TITLE	P	☐ Delete	ntle			Change	☐ Addition	70%
NAME STREET ADDRESS	POHUDKA; MIKE 6100 Maynada St		NAMI	ET ADDRESS				15
CITY-ST-ZIP				ST-ZIP				8
TITLE	001712 00 00170	□ Delete	TITLE			☐ Change	Addition	CRZE034 (10/02)
NAME		LJ DERGE	NAME			□ overige	☐ Modified	ठ
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CITY-ST-ZIP		_	CITY-	ST-ZIP				ł
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_NAME		<u> </u>	NAME				)	<b>]</b>
STREET ADDRESS City-St-Zip				T ADORESS ST-ZIP				
TITLE	<u></u>	Delete	TITLE			Change	Addition	ł
NAME		L. DOIGE	NAME	1			<u></u>	
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CITY-ST-ZIP	·		CITY-	ST-ZIP	- <del></del>			
TITLE		Delete	TITLE	l		☐ Change	Addition	
NAME STREET ADDRESS			NAME	223ROCA T			Ì	1
CITY-ST-ZIP				ST-ZIP			j	
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE			Change	Addition	
NAME			NAME	ŀ				ĺ
STREET ADDRESS	•			T ADDRESS			-	ĺ
CITY-ST-ZIP				ST-ZIP				
<ol> <li>I hereby confidence of the corporate changed.</li> </ol>	ertify that the information supplied with t on this report or supplemental report is t poration or the receiver or trustee empoy or on an attachment with an address, wi	his filing does not qualify for rue and eccurate and that m vered to execute this report a th all other like empoyered.	the exen y signati is require	nption stated in Secure shall have the secure 607,	ction 119.07(3)(i), Florida Statutes, I further or ame legal effect as if made under oath; that I Florida Statutes; and that my name appears	artify that the in am an officer of in Block 10 or	formation or director Block 11 if	
SIGNATURE: X SIGNATURED X4/1/03 XBO) 856-5255								