2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37955

1. Entity Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ACCESS NETWORK SERVICES, INC.

Principal Place of Business PRESTON RD STE 350 COLUMN TX 75255		Mailing Address INTERMEDIA - C/O TAX DEPT. 3625 OUEEN PALM DR. TAMPA FL 33619-1309 US								
- =	· /a /									
2. Principal Place of Business		3. Mailing Address							ALANI ALANI AL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State		4	4. FEI Numb	^{per} 75-2407229			Applied For Not Applicable	
Zip	Country	Zip	Cour	try		5. Certificat	e of Status Desired		8.75 Ac ee Requir	
	6. Name and Address of Current	Registered Agent		ļ		7. Name an	d Address of New Reg	gistered A	gent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				Street Address (P.O. Box Number is Not Acceptable)						
IACC	ALPOOLE I E GEGOT			City			_	FL	Zip Cod	de
8. The above	named entity submits this statement fo	r the purpose of changing its	register	ed office or	registered	agent, or be	oth, in the State of Flori	da.		
SIGNATURE .	Signature, typed or printed name of registered agent of	TOW) eldesilone treatment	F. Registere	d Agent signat	are required who	en reinstating)		DATE		
							<u>-</u>			
Tax filling r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$55 Make Check Payable to Department			50.00		ection Campaign Final rust Fund Contribution.	ncing		00 May Be ed to Fees
11.	. OFFICERS AND	DIRECTORS	12.				CHANGES TO OFFIC	ERS AND	DIRECTO	
TITLE	CEO	Delete:	TITL	_	Trea	surer	a Jace		☐ Change	Addition
NAME STREET ADDRESS	RUBERG, DAVID C 3625 QUEEN PALM DRIVE		NAM	EET ADORESS	hayn	ionio l	AWKSS	_ L∩ure		
CITY-ST-ZIP	TAMPA FL 33619			-ST-ZIP	3625 TAm	\sim	2 33619		<i>}</i>	
TITLE	PC00	Delete	TITL	 E	VP.	• • •	•		☐ Change	Addition
NAME	RIVETTE, JAMES D		NAM	E	Rober	+ M.1	nannings, Palm Dri	سی		, 7
STREET ADDRESS	45025 AVIATION DRIVE #450			ET ADDRESS			PACMO	. • •		
CITY-ST-ZIP	DULLES VA 20166	<u>-</u>	_	-ST-ZIP	TAM		2 33619		36 Jahr.	
TITLE	VS CTOUCHTON DAVID II	☐ Delete:	TITL	E	V5	. ton	DAVID IT.		Change	Addition
NAME	STOUGHTON, DAVID H 45025 AVIATION DRIVE #450		NAM - NAM	ET ADDRESS	Proper	Cama	S Commons	-Dav	L	
STREET ADDRESS CITY-ST-ZIP	DULLES VA 20166			-ST-ZIP	100 l	N, VA	20191			
TITLE	I VT	Delete	TITL	F	100	Y , V E	E'		Change	Addition
NAME	TOLLETTE, J TIM	Detete	NAM							_
STREET ADDRESS	45025 AVIATION DRIVE #450		STR	ET ADDRESS						
CITY-ST-ZIP	DULLES VA 20166		CITY	-ST-ZIP						
TITLE	AT	☐ Delete:	TITL				_		☐ Change	☐ Addition
NAME	WALTERS, JEANNE M		NAM	ΙE						
STREET ADDRESS	3625 QUEEN PALM DR			ET ADDRESS						
CITY-ST-ZIP	TAMPA FL 33619		CITY	-ST-ZIP			_			
TITLE	V DATEIOLA A	☐ Delete	TITL						Change	☐ Addition
NAME	KURLIN, PATRICIA A		NAM							
STREET ADDRESS	3625 QUEEN PALM DRIVE			EET ADDRESS						
CITY-ST-ZIP	TAMPA FL 33619			-ST-ZIP	L				't ab !	1-1
indicated of the cor	certify that the information supplied with I on this report or supplemental report is rporation or the receiver or trustee empo , or on an attachment with an address, v	s true and accurate and that o owered to execute this report	my signa : as requ	ture shall b	ave the sar	me legal ette	ict as it made under oa	itn: that i ai	m an onice	er or alrector

FILED

Feb 22, 2000 8:00 am Secretary of State

02-22-2000 90014 032 ***150.00