

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90134 036 ***150.00

DOCUMENT # P37955

1. Entity Name

ACCESS NETWORK SERVICES, INC.

Principal Place of Business

8201 PRESTON RD
 STE 350
 DALLAS TX 75255
 US

Mailing Address

INTERMEDIA - C/O TAX DEPT.
 3625 QUEEN PALM DR.
 TAMPA FL 33619
 US

2. Principal Place of Business

3. Mailing Address

One Intermedia Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

4. FEI Number 75-2407229

Applied For

Not Applicable

Zip

Country

Zip

Country

33647

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME RUBERG, DAVID C
 STREET ADDRESS 3625 QUEEN PALM DRIVE
 CITY-ST-ZIP TAMPA FL 33619

TITLE ☒ Change ☐ Addition
 NAME One Intermedia Way
 STREET ADDRESS Tampa, FL 33647
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME LAWLESS, RAYMOND
 STREET ADDRESS 3625 QUEEN PALM DR
 CITY-ST-ZIP TAMPA FL 33619

TITLE ☒ Change ☐ Addition
 NAME See above
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME VS
 STREET ADDRESS STOUGHTON, DAVID H
 CITY-ST-ZIP 1881 CAMPUS COMMENS DR
 RESTON VA 20191

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME VP
 STREET ADDRESS MANNINGS, ROBERT M
 CITY-ST-ZIP 3625 QUEEN PALM DR
 TAMPA FL 33619

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME AT
 STREET ADDRESS WALTERS, JEANNE M
 CITY-ST-ZIP 3625 QUEEN PALM DR
 TAMPA FL 33619

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME V
 STREET ADDRESS KURLIN, PATRICIA A
 CITY-ST-ZIP 3625 QUEEN PALM DRIVE
 TAMPA FL 33619

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEANNE M. WALTERS

Date

Daytime Phone #

(813) 829-0011

CR2E034 (10/00)