

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90014 005 ***150.00

0438217 AV

DOCUMENT # P37955

1. Entity Name

ACCESS NETWORK SERVICES, INC.



Principal Place of Business

8201 PRESTON RD
STE 350
DALLAS TX 75255
US

Mailing Address

ONE INTERMEDIA WAY
TAMPA FL 33647
US

2. Principal Place of Business

500 CLINTON CENTER DR

Suite, Apt. #, etc.

3. Mailing Address

1133 19th ST NW

Suite, Apt. #, etc.

DEPT. 8408

City & State

CLINTON MS

City & State

WASHINGTON DC

Zip

39056

Country

US

Zip

20036

Country

US

4. FEI Number

75-2407229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **CEO** ☒ Delete
 NAME **RUBERG, DAVID C**
 STREET ADDRESS **ONE INTERMEDIA WAY**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE **T** ☒ Delete
 NAME **LAWLESS, RAYMOND**
 STREET ADDRESS **ONE INTERMEDIA WAY**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE **VS** ☒ Delete
 NAME **STOUGHTON, DAVID H**
 STREET ADDRESS **ONE INTERMEDIA WAY**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE **VP** ☒ Delete
 NAME **MANNINGS, ROBERT M**
 STREET ADDRESS **ONE INTERMEDIA WAY**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE **AT** ☒ Delete
 NAME **WALTERS, JEANNE M**
 STREET ADDRESS **ONE INTERMEDIA WAY**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE **V** ☒ Delete
 NAME **KURLIN, PATRICIA A**
 STREET ADDRESS **ONE INTERMEDIA WAY**
 CITY-ST-ZIP **TAMPA FL 33647**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☒ Addition
 NAME **BERNARD EBBERS**
 STREET ADDRESS **500 Clinton Center Dr.**
 CITY-ST-ZIP **Clinton, MS 39056**

TITLE **VP/GTC** ☐ Change ☒ Addition
 NAME **WALTER NAGEL**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Change ☒ Addition
 NAME **SCOTT SULLIVAN**
 STREET ADDRESS **500 Clinton Center Dr.**
 CITY-ST-ZIP **Clinton, MS 39056**

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

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (202) 736-6362

Date

Daytime Phone #

CR2E034 (9/01)