2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000108419** ACCESS TO ARTS, INC. Principal Place of Business Mailing Address 2000 ISLAND BLVD 2000 ISLAND BLVD #1804 #1804 WILLIAMS ISLAND AVENTURA FL 33160 WILLIAMS ISLAND AVENTURA FL 33160 Uŝ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country 6. Name and Address of Current Registered Agent Name BARAK, ALEX T 4601 SHERIDAN ST. STE. 206 HOLLYWOOD FL 33021

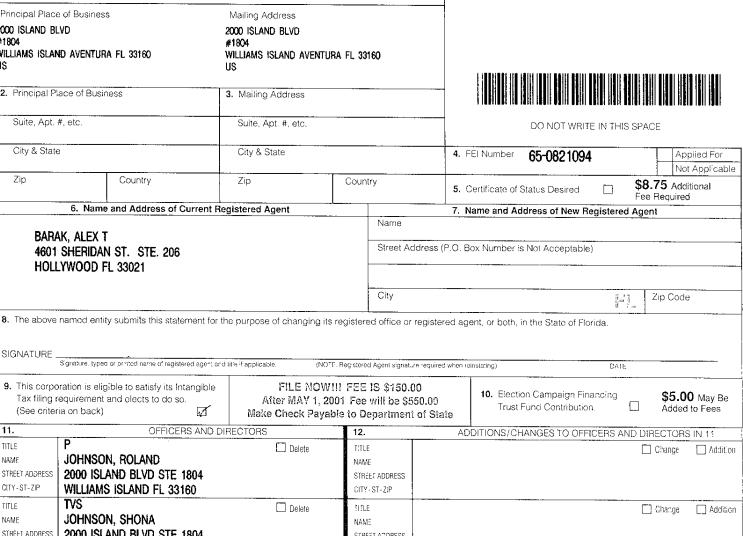
Signature, typed or printed name of registered agent and title if applicable,

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

FILED Apr 26, 2001 8:00 am Secretary of State

04-26-2001 90330 043 ***150.00



(See criteria on back)		₫	Make Check Payable to Department of State		ite Trust Ford Continuation: Ed. Ac	oded to Fees
11.	,	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, ROLAND 2000 ISLAND BLVD STI WILLIAMS ISLAND FL 3		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Char	nge Addition
TITLE NAME STHELT ADDRESS CITY-ST-ZIP	TVS JOHNSON, SHONA 2000 ISLAND BLVD STI WILLIAMS ISLAND FL 3		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Cha:	nge Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Cha	nge Addition

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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 OF PRI TED NAME OF SIGNING OFFICEBOR DIRECTOR April 12th Jack