FILED Apr 25, 2003 8:00 am Secretary of State 04-25-2003 90238 006 ***150.00

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000 1. Entity Name ACCESS TOWN			04-23-20		130.00
DO NOT WRITE	IN THIS SPA	CE	11016	895	
2. Principal Place of Business 3. Mailing Address 3. Suite, Apt. #, etc. Suite, Apt. #, etc.		. 60 ST DO NOT WRITE IN THIS SPACE			
City & State Zip Country	City & State Hi Wead Zip Cl - 330 pr	ountry DADe	FEI Number A Certificate of Status Desired	\$9.75 A	Applied For Not Applicable Idditional
DO NOT WRITE IN THIS SPACE 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. I am familiar with, and accept					
the obligations of registered agent. SIGNATURE POLICITY Signature, typed or printed name of registered agent in the state of the state	9. Election Campaign	ered Agent signature required v	when renstating)	Florida. I am familiar with, OU (20) DATE Make Check Payable rida Department of	03 ·
10. OFFICERS AND DIF TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Stylez Hialial Hezorz	TLE ME: REET ADDRESS TY: SST-ZIP FLE ME: REET ADDRESS			CRZE0378 (12/02)
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	111 122 112 113 144 115	ME HET ADORESS			
12. I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. POLICY AND THERE					