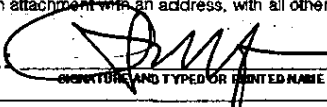


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90191 016 ***150.00

DOCUMENT # S98116 1. Entity Name ACCESS TECHNOLOGY, INC.			
Principal Place of Business 28 W FLAGLER ST SUITE 400 MIAMI, FL 33130		Mailing Address 2114 GRANADA BLVD CORAL GABLES, FL 33134	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 25 WRIGHT FARM ROAD Suite, Apt. #, etc.	
City & State		City & State ATKINSON NH	
Zip	Country	Zip	Country
03811		USA	
4. FEI Number 65-0395930		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGELMAN, GUY 28 W FLAGLER ST SUITE 400 MIAMI, FL 33130		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 fee will be \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D'ONOFRIO, ARTHUR M. 8010 NW 56 ST. MIAMI, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE 		ARTHUR M. D'ONOFRIO 9/21/03 603-234-7828	

CR2E034 (10/02)

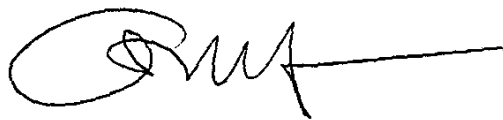
Attachment #
80142930

598116

DEAR SIR OR MADAM,

PLEASE ACCEPT THIS PAYMENT
AT THIS TIME AS I NEVER
RECEIVED THE FORM. I HAVE
MOVED AND THE FORM WAS NOT
FORWARDED. THE FORM NOW
HAS THE NEW MAILING ADDRESS.

THANK YOU



ARTHUR M. D'ONOFRIO

603-362-5659