

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

FILED

2003 JUN 20 AM 8:37

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA


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TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

**DOCUMENT # L02000001241**

1. Entity Name  
**AST HOLDING, LLC**



Principal Place of Business  
360 SOUTH SHORE DR  
SARASOTA, FL 34234

Mailing Address  
360 SOUTH SHORE DR  
SARASOTA, FL 34234

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
12260 Willow Grove Rd.  
Suite, Apt. #, etc.  
Bldg. #2

City & State  
Camden, DE

Zip  
19934

Country  
USA

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, W-RICK  
360 SOUTH SHORE DR  
SARASOTA, FL 34234

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 returning) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

10018315119  
7/03--01002--011 \*\*300.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WORLDWIDE MANAGEMENT CORPORATION <input type="checkbox"/> Delete P.O. BOX 346 COROZAL TOWN BELIZE CENTRAL AMERICA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INTERNATIONAL MANAGEMENT CORPORATION AG <input type="checkbox"/> Delete #2 COMMERCIAL CENTRE SQUARE ALOFI NIUE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Jack Khourad  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CFR2E083 (10/02)