

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90112 004 \*\*\*150.00

**DOCUMENT # P01000056110**  
 1. Entity Name  
**ASCENT MARKETING GROUP, INC.**

Principal Place of Business      Mailing Address  
**1900 HILLCREST ST.**      **1900 HILLCREST ST.**  
**ORLANDO FL 32803**      **ORLANDO FL 32803**

2. Principal Place of Business      3. Mailing Address  
**2277 LEE ROAD**      **2277 LEE ROAD**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**\* 250**      **\* 250**  
 City & State      City & State  
**WINTER PARK, FLORIDA**      **WINTER PARK, FLORIDA**

Zip      Country      Zip      Country  
**32789**      **USA**      **32789**      **USA**

4. FEI Number      Applied For  
**X 59-3724490**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**WAN MANSOR, WAN AHMAD E**  
**1900 HILLCREST ST.**  
**ORLANDO FL 32803**

7. Name and Address of New Registered Agent  
 Name **WAN MANSOR, WAN AHMAD E**  
 Street Address (P.O. Box Number is Not Acceptable) **2277 LEE ROAD, SUITE 250**  
~~ORLANDO FL 32789~~  
 City **WINTER PARK**      FL      Zip Code **32789**

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]*      DATE **4/9/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WAN MANSOR, WAN AHMAD E 8018 WESTMINSTER ABBEY BLVD. ORLANDO FL 32835 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ERAVELLY, ALFRED G 137 NORRIS PLACE CASSELBERRY FL 32707 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOR AJALA M. SYED, SYED 180 PALMETTO PINE LANE ORLANDO FL 32826 <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOR AJALA M. SYED, SYED 1807 PALMETTO PINE LANE ORLANDO, FL 32826 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WAN MANSOR, WAN AHMAD E. 8018 WESTMINSTER ABBEY BLVD ORLANDO, FL 32835 <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*      Date **04/09/02**      Daytime Phone # **(407) 644 2488**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)