01/05/05 - Asterisk last paid 4/04

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 194791

1. Entity Name
ASTERISK, INC.

Principal Place of Business	Mailing Address
2848 E OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306 US	P.O. BOX 11047 FORT LAUDERDALE, FL 33339-1047 US

01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0794022
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

INGHAM, FREDERICK H
2848 NE 28TH ST
FORT LAUDERDALE, FL 33306

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000309444
04/16/05-80037-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	INGHAM, RICHARD S
STREET ADDRESS	2848 E OAKLAND PARK BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306
TITLE	DV
NAME	INGHAM, FREDERICK H
STREET ADDRESS	2848 E OAKLAND PARK BLVD
CITY-ST-ZIP	FT LAUDERDALE, FL 33306
TITLE	VDT
NAME	INGHAM, RICHARD S. JR.
STREET ADDRESS	2848 E OAKLAND PARK BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306
TITLE	S
NAME	SODERLUND, MARJORIE H.
STREET ADDRESS	2848 E OAKLAND PARK BLVD
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
TITLE	VD
NAME	INGHAM, TIMOTHY C
STREET ADDRESS	2848 EAST OAKLAND PARK BLVD.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 4.14.05 (954) 566-7559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #