

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 194791 1. Entity Name ASTERISK, INC.	
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Principal Place of Business 2848 E OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306 US	Mailing Address P.O. BOX 11047 FORT LAUDERDALE, FL 33339-1047 US
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03162006 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number 69-0794022	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

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, type or printed name of registered agent and the filer (NOTE: Registered Agent signature required when renewing) DATE _____

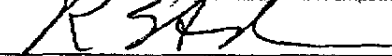
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP INGHAM, RICHARD S 2848 E OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV INGHAM, FREDERICK H 2848 E OAKLAND PARK BLVD FT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VDT INGHAM, RICHARD S. JR. 2848 E OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S SODERLUND, MARJORIE H. 2848 E OAKLAND PARK BLVD FT. LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD INGHAM, TIMOTHY C 2848 EAST OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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04/25/06-80003-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of this report.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR