


**2008 FOR PROFIT CORPORATION
& ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
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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DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0794022	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000881650 04/16/08-80009-005 150.00
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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	VD 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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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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **RICHARD S. INGHAM** **4-3-08** **(954) 566-7559**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #