


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # G19330 1. Entity Name ASTERISK COMMUNICATIONS, INC.	
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Principal Place of Business 2848 E OAKLAND PARK BLVD FT. LAUDERDALE, FL 33306 US	Mailing Address P O BOX 11047 FT. LAUDERDALE, FL 33339-047 US
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DO NOT WRITE IN THIS SPACE



03242008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2256345	Applied For 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
2848 NE 25TH STREET
FT. LAUDERDALE, FL 33305

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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 _____
Signature, typed or printed name and address of registered agent and the fee case FEI Number and Agent Signature Required with Certificate 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	U000000881641 04/16/08-80009-003 150.00
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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	INGHAM, FREDERICK
STREET ADDRESS	2848 E OAKLAND PARK BLVD
CITY-ST-ZIP	FT LAUDERDALE, FL 33306
TITLE	SD
NAME	INGHAM, RICHARD S.
STREET ADDRESS	2848 E OAKLAND PARK BLVD
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
TITLE	VDT
NAME	INGHAM, JR., RICHARD S.
STREET ADDRESS	2848 E OAKLAND PARK BLVD
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
TITLE	VD
NAME	INGHAM, TIMOTHY C
STREET ADDRESS	2848 E OAKLAND PARK BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR