

2002 UNIFORM BUSINESS REPORT (UBR)

0006601

DOCUMENT # L00000008787

1. Entity Name
ASCOT MARKETING LLC

FILED

02 APR 29 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
941 FOURTH STREET #200M MIAMI BEACH FL 33139 **941 FOURTH STREET #200M MIAMI BEACH FL 33139**

2. Principal Place of Business 3. Mailing Address
1333 N. Duval St. **1333 N. Duval St.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State
Tallahassee, FL **Tallahassee, FL**
 Zip Country Zip Country
32302 **32302**

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
 Name: **Florida Filing & Search Services, Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
1333 N. Duval St.
 City **Tallahassee** FL Zip Code **32302**

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 *Robert Hodge* DATE 4/26/02
Signature typed or printed name of registered agent and file if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLMORAL MANAGEMENT LLC 400 7TH STREET NW WASHINGTON DC 20004 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Janet M. Ceruacio* AUTH. REP. DATE 4-24-02 DAYTIME PHONE # 302-421-5750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

PH: (850) 668-4318 FX: (850) 668-3398

DATE: 04-29-02

ACCOUNT NO: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

TYPE OF FILING: UNIFORM BUSINESS REPORTS

NAME: 33 LIMITED LIABILITY COMPANIES

SPECIAL INSTRUCTIONS: NONE

\$1650.00

RECEIVED
02 APR 29 PM 1:07
DIVISION OF CORPORATION