2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 06, 2005 08:00 AM Secretary of State DOCUMENT # P00000092434 1. Entity Name ASC PARTNERSHIP VENTURES, INC. Principal Place of Business Mailing Address 150 SOUTH ANDREWS AVE STE 201 POMPANO BEACH FL 33069 150 SOUTH ANDREWS AVE STE 201 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-1112453 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEBDING, PAMELA Street Address (P.O. Box Number is Not Acceptable) 150 SW 12TH AVE., STE 201 POMPANO BEACH FL 33069 Zip Code City 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 of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150,00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Сћапде Addition TITLE Delete TITLE 1100000289685 BERNSTEIN, ROBERT NAME NAME 04/06/05-80036-003 150.00 STREET ADDRESS 150 SOUTH ANDREWS AVE STE 201 STREET ADDRESS CITY-SF-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 Change ☐ Addition **PSTD** Till F TITLE Delete BEEBE, JOHN W NAME NAME 150 SOUTH ANDREWS AVE STE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-ZIP Change TITLE Delete TOTAL ☐ Addition NAME NAME HEBDING, PAMELA STREET ADDRESS STREET ADDRESS 150_12TH AVE._STE 201 CITY - ST - ZIP POMPANO BEACH FL 33069 CHY-SI-ZIP THE ☐ Delete Tail E Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-ZIP TITLE Delete atte Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST- AP

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

FILED