
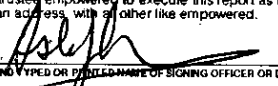


**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

05-29-2003 90138 012 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**80122739**

<b>DOCUMENT # P02000065039</b>					
1. Entity Name <b>AFH-ASC, INC.</b>					
Principal Place of Business <b>3509 SHORELINE CIR PALM HARBOR, FL 34684</b>			Mailing Address <b>3509 SHORELINE CIR PALM HARBOR, FL 34684</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip			Zip		
Country			Country		
4. FEI Number <b>03-0458899</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HANNA, ASHRAF F 3509 SHORELINE CIR PALM HARBOR, FL 34684</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-stating.)</small>					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
HANNA, ASHRAF F 3509 SHORELINE CIR PALM HARBOR, FL 34684					
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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 another like empowered.					
SIGNATURE: <b>X</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

CR2E034 (10/02)