2002 UNIFORM	BUSINESS	REPORT	(UBR
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DOCU 1. Entity Nam ASCENT,	ne	0060620				FILE 02 JUL 30		<b>]</b> "
Principal Place of Business  1581 BRICKELL AVE. PH 104 MIAMI FL 33129  Mailing Address  1581 BRICKELL AVE. PH 104 MIAMI FL 33129					SECRETARY OF STATE TALLAHASSEE. FLORIDA			
2. Principal Place of Business 3. Mailing Address						ia dini baria ami'a	iisk oon koo	
Suite, Apt. #, etc. Suite, Apt. #, etc		Suite, Apt. #, etc.	<u>.</u>		DO NOT WRITE IN THIS SPACE			
City & Stat	e	City & State	City & State		4. FE	65-0610737		plied For
Zip	Country	Zip	Count	ry	<b>5</b> . C	ertificate of Status Desired	\$8.75 Add	litional
-	6. Name and Address of Current I	Registered Agent		_Name	7. Na	ame and Address of New Registere	d Agent	
SOUTH FLORIDA REGISTERED AGENTS INC. 200 E. LAS OLAS BLVD. SUITE 1900			Street Address (P.O. Box Number is Not Acceptable)					
	PERDALE FL 33301  e named entity submits this statement for	the purpose of changing its	registere	City ed office or registe	ered age	nt, or both, in the State of Florida.	Zip Code	9
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable.   √ → (NOTE	: Registered	1 Agent signature require	ed when rein	estating) DATE		
Tax filling	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW! After May 1, 200 Make Check Payab	02 Fee 1	will be \$550.00	ate	<b>10.</b> Election Campaign Financing Trust Fund Contribution.		<b>0</b> May Be I to Fees
11.	OFFICERS AND I	DIRECTORS	12.		ADD	DITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVELLINO, THOMAS 1581 BRICKELL AVE. PH #104 MIAMI FL 33129	☐ Delete	•			•	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ET ADDRESS ST-ZIP		50000691 -08/06/02 ****150.0	☐ Change -4565 01040- 00 ****	□ Addition 59 -019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete-					Change	☐ Addition
TITLE NAME Street Address City-St-Zip		☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete				,	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.   hereby 6	certify that the information supplied with	☐ Delete	CITY-	ET ADDRESS ST-ZIP	ection 1	19.07(3)(i). Florida Statutes. I further c	Change	Addition

of the corporation or the receiver or trustee empowered to expecte this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

305-859-9351

Date

Altackment 195000060620

## Ascent, Inc.

1581 Brickell Avenue Suite #PH-104 Miami, FL 33129 305.859.9351

7/22/2002

Dear Department of State:

Please find enclosed my annual report along with a check for \$150.00. This is my second attempt at filing this report. Unfortunately, my option of filing online was not recognized although everything seemed to go smoothly when I filed this report on the internet in March.

I spoke with Marquita and was instructed to send in this form by mail along with a check for \$150.00 and, because I have always filed on time and because the filing by internet is not perfected as of yet, I should disregard the notice asking for a \$600.00 filing fee. If you have any questions on this matter, please contact Marquita at 850-245-6939.

I also understand that I should expect some sort of confirmation number in the future when filing by internet. I will be certain to look out for this from now on.

Thank you very much.

Sincerely,

Thomas Avellino President of Ascent, Inc.