2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003
Secretary of State

DOCUMENT# P98000028360

Entity Name: A.S.K. TRAINING SOLUTIONS, INC.

Current Principal Place of Business:

10940 NORTH 56 STREET
#202
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

3804 E HANNA AVENUE
TAMPA, FL 33610

Current Mailing Address:

P.O. BOX 310642
TAMPA, FL 336800642

New Mailing Address:

FEI Number: 59-3497557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHILSON, GALE M
3804 E. HANNA AVE.
TAMPA, FL 336103759

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PHILSON, GALE M
Address: 3804 E. HANNA AVE.
City-St-Zip: TAMPA, FL 336103759

Title: VDT ( ) Delete
Name: EVANS, TERRANCE P
Address: 3804 E HANNA AVE
City-St-Zip: TAMPA, FL 336103759

Title: D ( ) Delete
Name: JENKINS, LISA
Address: 5814 RUSTIC WOOD LANE
City-St-Zip: DURHAM, NC 27713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GALE M. PHILSON PD 04/14/2003

Electronic Signature of Signing Officer or Director — Date