

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90071 040 \*\*\*150.00

DOCUMENT # P99000014268

1. Entity Name

ASK ADVERTISING SPECIALTIES, INC.

Principal Place of Business

1980 S OCEAN DRIVE  
 11K  
 HALLANDALE FL 33009

Mailing Address

1980 S OCEAN DRIVE  
 11K  
 HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0902826

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~COBER CORPORATE AGENTS, INC.~~  
~~2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR~~  
~~MIAMI FL 33133~~

Name **ANITA KLEIN**  
 Street Address (P.O. Box Number is Not Acceptable) **1980 S OCEAN DRIVE #11K**  
 City **HALLANDALE** FL **33009**

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 **ANITA KLEIN Anita Klein** DATE **4-3-01**  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Wake Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KLEIN, ANITA</b>	
STREET ADDRESS	<del>4302 MARINIQUE CIRCLE SUITE M3</del>	
CITY-ST-ZIP	<del>COGONUT CREEK FL 33066</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANITA KLEIN</b>	
STREET ADDRESS	<b>1980 S OCEAN DR #11K</b>	
CITY-ST-ZIP	<b>HALLANDALE, FL 33009</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ANITA KLEIN Anita Klein** DATE **4-3-01** DAYTIME PHONE # **954-458-5858**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**00034161**



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)