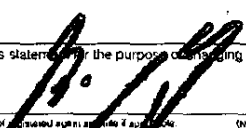
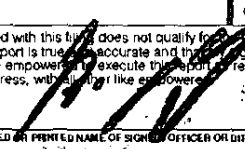


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90745 020 ***150.00

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

DOCUMENT # S56191			
1. Entity Name ASM HOLDINGS, INC.			
Principal Place of Business 6658 NW 25 AVE BOCA RATON, FL 33496 US		Mailing Address C/O OBBS 9600 W SAMPLE 304 CORAL SPRINGS, FL 33061 US	
2. Principal Place of Business C/O OBBS Suite, Apt. #, etc. 110 E Atlantic Ave 235 City & State Delray Beach FL Zip 33444 Country USA		3. Mailing Address C/O PBS Suite, Apt. #, etc. 110 E Atlantic Ave 235 City & State Delray Beach FL Zip 33444 Country USA	
		4. FEI Number 65-0263087 Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEISS, AXEL C/O PBC 9600 W SAMPLE ROAD 304 CORAL SPRINGS, FL 33061		7. Name and Address of New Registered Agent Name Axel Weiss Street Address (P.O. Box Number is Not Acceptable) C/O PBS 110 E Atlantic Ave 235 City Delray Beach FL Zip Code 33444	
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  DATE _____ Signature, typed or printed name of registered agent, and date (NOTE: Registered Agent's signature required when registering)			
FILE NOW!! FEE IS \$150.00 After May 1, 2003 fee will be \$500.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 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	DP WEISS, AXEL 9600 W SAMPLE ROAD 304 CORAL SPRINGS, FL 33065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Axel Weiss C/O PBS 110 E Atlantic Ave 235 Delray Beach FL 33444 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this form 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, without other like empowerment.			
SIGNATURE:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR			

90123289



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)