



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2006 08:00 AM
Secretary of State**

DOCUMENT # S61277 1. Entity Name QUASAR COMMUNICATIONS, INC.			
Principal Place of Business 18494 S DIXIE HWY MIAMI, FL 33157-6816		Mailing Address 9771 WAYNE AVE PERRINE, FL 33157	
DO NOT WRITE IN THIS SPACE			
		01242006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0268767	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLAZEBROOK, ROBERT 9771WAYNE AVE PERRINE, FL 33157		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000408194 02/08/06-80050-012 150.00	
TITLE	D		
NAME	CLARK, EDWARD L.		
STREET ADDRESS	18494 S DIXIE HWY		
CITY-ST-ZIP	MIAMI, FL		
TITLE	D		
NAME	BAUER, BRIAN		
STREET ADDRESS	18494 S DIXIE HWY		
CITY-ST-ZIP	MIAMI, FL		
TITLE	D		
NAME	GLAZEBROOK, ROBERT E		
STREET ADDRESS	18494 S DIXIE HWY		
CITY-ST-ZIP	MIAMI, FL		
TITLE	D		
NAME	MULHOLLAND, JAMES		
STREET ADDRESS	18494 S DIXIE HWY		
CITY-ST-ZIP	MIAMI, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.			
SIGNATURE: <u>Rob E. Glazebrook</u>		1/26/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	