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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V34758** **(5)**

1. Corporation Name
A.S.K. ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
80 HANCOCK PKWY STE - G-27 CAPE CORAL FL 33991 US	1311 CAPE CORAL PKWY CAPE CORAL FL 33904 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/08/1992**
3a. Date of Last Report: **04/28/1994**
4. FEI Number: **65-0335014** Applied For / Not Applicable
5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 3602 SE 5th Place	26 3602 SE 5th Place
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Cape Coral Fl	City & State 28 Cape Coral Fl
Zip 24 33904 Country 25 LEE	Zip 29 33904 Country 30 LEE

9. Name and Address of Current Registered Agent

ROYSTON, ROBERT D., JR.
12670 NEW BRITTANY BLVD., #101
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	[ ] Change [ ] Addition
NAME	ASHMEAD, KATHERINE	12 NAME	
STREET ADDRESS	3602 S.E. 5TH PLACE	13 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	[ ] Change [ ] Addition
NAME	ASHMEAD, STEVEN	22 NAME	
STREET ADDRESS	3602 S.E. 5TH PLACE	23 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Katherine J Ashmead Pres. 4/29/96 941-542-5914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
KATHERINE J. Ashmead President