FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(5)

A.S.K. ENTERTAINMENT, INC.

FILED
May 18 1998 8:00am
Secretary of State

Principal Place of Business		Mailing Address	*****		Q10 Q1Q11 Q1Q11 Q1Q11 E1Q11 (8Q1	
3602 SE 5TH PLACE CAPE CORAL FL 33904 US		3602 SE 5TH PLACE CAPE CORAL FL 33904 US				
				DO NOT WRITE IN THIS SPACE		
				 Date Incorporated or Qualified 05/08/1992 		
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0335014	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible	
24	25		0	Personal Property Tax due June 30.	∐ Yes ∐ No	
	g. Name and Address of Currer	it Registered Agent	81 Name	10. Name and Address of New Registers	d Agent	
NOTSTON, NOBERT D., 3R.						
12670 NEW BRITTANY BLVD., #101 FT. MYERS FL 33907			82 Street Address (P.O. Box Number is Not Acceptable)			
			B3			
			84 City	<u> </u>	85 Zip Code	
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 Statutos. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE						
12.	OLLICERS ANI	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	ASHMEAD , KATHERINE		1.2 NAME			
STREET ADDRESS	36 02 S.E. 5TH PLACE		1.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY - ST - ZIP			
TITLE	D	☐ DELETE	2.1 YOLE		☐ Change ☐ Addition	
NAME	as hmead, steven		2.2 NAME			
STREET ADDRESS	3802 S.E. 5TH PLACE		2.3 STREET ADDRESS			
CITY-ST-ZIP	ÇAPE CORAL FL		2. 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		☐ DEL€TE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS	- 4		4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME	•		5 O NAME			

14. 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 annual report or supplience 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 emproved 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY - ST- ZIP

6.1 TITLE

6.2 NAME

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Addition

Change