


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90110 043 ***150.00

DOCUMENT # K06137

1. Entity Name
TEAMTALK SATELLITE (U.S.A.), INC.



Principal Place of Business Mailing Address

**721 S.E. 17TH STREET CAUSEWAY
 SUITE 101
 FORT LAUDERDALE, FL 33316**

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 SUITE 101
 FORT LAUDERDALE, FL 33316**

50003216



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01122005 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For

65-0294688 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LITMAN, NEAL S., P.A.
 2900 S.W. 28TH TERRACE
 GROVE PLAZA-SECOND FLOOR
 COCONUT GROVE, FL 33133**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ANNAT, DAVID C	
STREET ADDRESS	APSLEY HOUSE, 78 WELLINGTON STREET	
CITY-ST-ZIP	LEEDS, ENGLAND, UK LS1 2EQ	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DAVIES, IAN	
STREET ADDRESS	671 WILLOW GROVE TERRACE	
CITY-ST-ZIP	DAVIE, FL 33325	
TITLE	T	<input type="checkbox"/> Delete
NAME	GALVIN, ANDREW M	
STREET ADDRESS	APSLEY HOUSE, 78 WELLINGTON STREET	
CITY-ST-ZIP	LEEDS, ENGLAND, UK LS1 2EQ	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTA DODERO	
STREET ADDRESS	5760 NE 19TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ROBERTA DODERO** **JANUARY 12, 2005** **9544685556**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #