

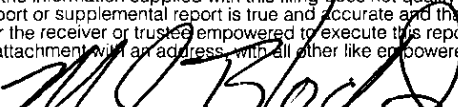
2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90005 032 ***550.00

00067333

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02800		1. Entity Name GILAT FLORIDA INC.	
Principal Place of Business 7780 Technology Drive W. Melbourne, FL 32904		Mailing Address 7780 Technology Drive W. Melbourne, FL 32904	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Country		Country	
4. FEI Number 59-2961358		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent James M. O'Brien, Esq. 1686 West Hibiscus Blvd. Melbourne, FL 32901		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.			
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME Todd, John R. STREET ADDRESS 7780 Technology Drive CITY-ST-ZIP W. Melbourne, FL 32904	<input type="checkbox"/> Delete	TITLE D NAME Revkin, Sheldon B. STREET ADDRESS 7780 Technology Drive CITY-ST-ZIP W. Melbourne, FL 32904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME Antebi, Erez STREET ADDRESS 7780 Technology Drive CITY-ST-ZIP W. Melbourne, FL 32904	<input type="checkbox"/> Delete	TITLE S NAME Antebi, Erez STREET ADDRESS 7780 Technology Drive CITY-ST-ZIP W. Melbourne, FL 32904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME Gat, Yoel STREET ADDRESS 7780 Technology Drive CITY-ST-ZIP W. Melbourne, FL 32904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME Levinberg, Amiram STREET ADDRESS 7780 Technology Drive CITY-ST-ZIP W. Melbourne, FL 32904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME Freece, Alan L. STREET ADDRESS 7780 Technology Drive CITY-ST-ZIP W. Melbourne, FL 32904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME Block, M. John, Jr. STREET ADDRESS 7780 Technology Drive CITY-ST-ZIP W. Melbourne, FL 32904	<input type="checkbox"/> Delete	TITLE TD NAME Block, M.J., Jr. STREET ADDRESS 7780 Technology Drive CITY-ST-ZIP W. Melbourne, FL 32904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		M.J. Block, Jr., Treasurer/Director 321-724-9630	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CR2E034 (9/99)