FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000021557

1. Entity Name

Comsat Engineering, INC

DO NOT WRITE IN THIS SPACE

FILED
02 APR 30 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7021 S Pencer Dr	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee FL	City & State
Zip: 32312 Country: Leon	Zip Country

4. FEI Number — [X] Applied For [ ] Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Ronald Lipton

Street Address (P.O. Box Number is Not Acceptable): 7021 Spencer Dr

City: Tallahassee FL Zip Code: 32312

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: X Ronald J. Lipton — 4-30-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P. / NAME Ronald Lipton / STREET ADDRESS PO Box 13176 NA / CITY-ST-ZIP Tallahassee FL 13176	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
TITLE V. / NAME Michael Wildrick / STREET ADDRESS 3711 Shamrock W Apt 116C / CITY-ST-ZIP Tallahassee FL 32308	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 500005394295--4 -04/30/02--01070--001 ****185.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP **DO NOT WRITE**
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Ronald J. Lipton — 4-30-02 — 545-9597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #