

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91904 030 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000045440

1. Entity Name
COMPLETE SATELLITE SERVICES, INC.



Principal Place of Business
 1810 HYPOLUXO RD SUITE D-8
 LAKE WORTH, FL 33462

Mailing Address
 5050 10TH AVENUE NORTH
 GREENACRES, FL 33463-2062

2. Principal Place of Business
 5050 10th Ave N

3. Mailing Address

Suite, Apt. #, etc.
 Suite C

Suite, Apt. #, etc.

City & State
 GREENACRES, FL

City & State

4. FEI Number
 030451601

Applied For
 Not Applicable

Zip
 33463 Country
 USA

Zip Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISRAEL, GARY
 715 11TH STREET
 WEST PALM BEACH, FL 33401

Name Sabina Fernandez
 Street Address (P.O. Box Number is Not Acceptable)
 100 PALM CIRCLE

City ATLANTIS FL Zip Code 33462

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 *Sabina Fernandez*

DATE 30/APR/03

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

FILE NOW!!! FEE IS \$160.00
 After May 1, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT
 NAME KRAPP, RICHARD Delete
 STREET ADDRESS 7842 SIENNA SPRINGS DR
 CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE P/N/T/S
 NAME Sabina Fernandez Change Addition
 STREET ADDRESS 100 PALM CIRCLE
 CITY-ST-ZIP ATLANTIS, FL 33462

TITLE DVS
 NAME RATNER, IRA Delete
 STREET ADDRESS 100 PALM CIRCLE
 CITY-ST-ZIP ATLANTIS, FL 33462

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

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 STREET ADDRESS
 CITY-ST-ZIP Change Addition

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 CITY-ST-ZIP Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

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: *Sabina Fernandez*

DATE 30/APR/03 561-439-7773

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

CR2E034 (10/02)