

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

05-05-2003 91161 038 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030266

1. Entity Name
DIRECT SATELLITE TV, INC.



Principal Place of Business
2263 NW BOCA RATON BLVD STE 205
BOCA RATON, FL 33431

Mailing Address
2263 NW BOCA RATON BLVD STE 205
BOCA RATON, FL 33431

2. Principal Place of Business
5499 N. FEDERAL HWY

3. Mailing Address
5499 N. FEDERAL HWY

Suite, Apt. #, etc.
SUITE J

Suite, Apt. #, etc.
SUITE J

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33487

Country
USA

Zip
33487

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0823939

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

YOMTOB, BEN
6600 NASSAU DR.
BOCA RATON, FL 33487

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 _____ (NOTE: Registered Agent Signature Required when necessary)



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 NAME STREET ADDRESS CITY-ST-ZIP	PO ECKES, WILLIAM A 2263 NW BOCA RATON BLVD STE 205 BOCA RATON, FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOMTOB, BEN E 2263 NW BOCA RATON BLVD STE 205 BOCA RATON, FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ECKES, ANNE S 2263 NW BOCA RATON BLVD STE 205 BOCA RATON, FL 33431	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: BEN YOMTOB Date: 4/30/03 561-869-3482

CR20034 (10/02)