

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90030 047 \*\*\*158.75

**DOCUMENT # P99000017219**

1. Entity Name  
**SKY COMMUNICATIONS CORP.**

Principal Place of Business  
**2485 WEST FLAGLER STREET**  
**#4**  
**MIAMI FL 33135**

Mailing Address  
**2485 WEST FLAGLER STREET**  
**#4**  
**MIAMI FL 33135**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0895703**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FEDERAL BUSINESS SERVICE, INC.**  
**954 NW 22 AVE, SUITE 209**  
**MIAMI FL 33125**

Name **JMP ACCOUNTING SER. INC.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2939 INDIAN CREEK DR # 506**  
 City **MIAMI BEACH** FL Zip Code **33140**

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 *Agueda N Molina* **AGUEDA NELY MOLINA** DATE **4/10/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>VALIDO, MARCIA</b>	
STREET ADDRESS	<b>2485 WEST FLAGLER STREET #4</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>VALIDO, MARCIA</b>	
STREET ADDRESS	<b>2485 WEST FLAGLER STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	
TITLE	<b>VTP</b>	<input type="checkbox"/> Delete
NAME	<b>CAMPS, MARIA</b>	
STREET ADDRESS	<b>2485 WEST FLAGLER STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *P. M.* **P. M.** DATE **4/10/01** (305) 541-2444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)