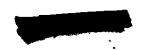
## FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR)

Satellite Services of Daytona Beach

## FILED May 28, 2002 8:00 am Secretary of State

04-23-2002 90430 015 \*\*\*150.00



## DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2237 S. Kidgewood 2237 S. Ri Suite, Apt. #, etc.  Suite, Apt. #, etc.	dgewood	DO NOT WRITE IN THIS SPACE				
South Oaytona F1 Scity & State Dough Day Country 210 220 232119 2215 A 232119	Country	3 6 4 8 6 7 4 Not Applicabl	e			
DO NOT WRITE  IN THIS SPACE  5. Certificate of Status Desired Fee Required  7. Name and Address of Current Registered Agent  Name Joseph P. Clark  Street Address (P.O. Box Number is Not Acceptable)  Flooila - Acceptable  Street Address (P.O. Box Number is Not Acceptable)  Flooila - Acceptable  City Ornand Bases  FL Zip Code  32.174						
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 Signature Product of Production 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 filting requirement and elects to do so.  (See criteria on back)  Make Check Psyable to Department of State						
11. OFFICERS AND DIRECTORS  TITLE  P, V P, S. T, D  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME  NAME  OFFICERS AND DIRECTORS  P, V P, S. T, D  Rown Id P. Whathow.  5965 Shadycreck Lawc  San Port Ormse Fr. 32128:	TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE		DOTOOLE (40004)			
STREET ADDRESS CITY-ST-ZIP TITLE. NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  DC	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	THIS SPACE				

13. I hereby certify that the information supplied with this filling 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

	D	111	1	
SIGNATURE:	Koned	-P. 4	Min	ton

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #