

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90237 012 \*\*\*150.00

**DOCUMENT # F02000001661**

1. Entity Name

VSAT, INC.



Principal Place of Business

PO BOX 831237  
MIAMI FL 33283

Mailing Address

PO BOX 831237  
MIAMI FL 33283

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

37-1422122

Applied For

Not Applicable

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

HO, DAVID  
1910 HARTFORD COURT  
WEST PALM BEACH FL 33409

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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 C ☐ Delete  
NAME JACOBSON, RONALD C  
STREET ADDRESS 12856 SW 67TH TERRACE  
CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GREGORY, KOSTAS  
STREET ADDRESS 2600 CARDENA STREET, PH #2  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME ARAPS, CONSTANCE-J  
STREET ADDRESS 2235 RABBIT HOLLOWE CIRCLE  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME NOLAN, BRIAN P  
STREET ADDRESS 49 ALGONGUIN AVENUE  
CITY-ST-ZIP ROOKAWAY NJ 07866

TITLE V ☒ Change ☐ Addition  
NAME NOLAN, BRIAN P.  
STREET ADDRESS 2 CARLA COURT  
CITY-ST-ZIP ROCKAWAY, NJ 07866

TITLE S ☐ Delete  
NAME HO, DAVID K  
STREET ADDRESS 1910 HARTFORD COURT  
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE S/D/V ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*David Ho* (DAVID HO)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/04

561-687-2141