

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000002371

FILED
Oct 12, 2009
Secretary of State

Entity Name: NATIONAL SATELLITE OF ATLANTA, INC.

Current Principal Place of Business:

2352 PENDLEY RD.
CUMMING, GA 30041

New Principal Place of Business:

817 W. PEACHTREE STREET
SUITE 750
ATLANTA, GA 30308

Current Mailing Address:

POST OFFICE BOX 61
CUMMING, GA 30028

New Mailing Address:

817 W. PEACHTREE STREET
SUITE 750
ATLANTA, GA 30308

FEI Number: 58-2581921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARY RESNICK, ESQ.
401 E. LAS OLAS BLVD.
STE 1850
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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: JAMES SHAW

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SAVOLDELLI, PAUL B
Address: 2352 PENDLEY RD.
City-St-Zip: CUMMING, GA 30041

Title: V () Delete
Name: PERAZA, HENRY L
Address: 2352 PENDLEY RD.
City-St-Zip: CUMMING, GA 30041

Title: V () Delete
Name: TOOMBS, BOB
Address: 2352 PENDLEY RD.
City-St-Zip: CUMMING, GA 30041

Title: V () Delete
Name: RAMBO, RICHARD
Address: 2352 PENDLEY RD.
City-St-Zip: CUMMING, GA 30041

Title: S () Delete
Name: CROFFORD, CURT
Address: 2352 PENDLEY RD.
City-St-Zip: CUMMING, GA 30041

Title: AT () Delete
Name: SMITH, VICKI
Address: 2352 PENDLEY RD.
City-St-Zip: CUMMING, GA 30041

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES SHAW

Electronic Signature of Signing Officer or Director

TM

10/12/2009

Date