

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State
03-30-2000 90019 008 ***150.00

DOCUMENT # F84715
1. Entity Name
THE SATELLITE AND SOUND CONNECTION
12500 GRIFFING BLVD
NORTH MIAMI FL 33161
Principal Place of Business Mailing Address
12500 GRIFFING BLVD
NORTH MIAMI FL 33161

LUU47893

2. Principal Place of Business
SAME AS ABOVE
Suite, Apt. #, etc.
3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
City & State
Zip
Country

4. EFL Number
59-1163480
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
AVERY A. KAY
12500 GRIFFING BLVD
NORTH MIAMI
FL 33161

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.
SIGNATURE
3/22/00
(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, 2000 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
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
AVERY A. KAY
12500 GRIFFING BLVD
NORTH MIAMI FL 33161
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
LINA KAY
12500 GRIFFING BLVD
NORTH MIAMI FL 33161

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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: A.A. KAY PRES
Date
Daytime Phone #

CR2E034 (9/99)