## **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## FILED May 15, 2002 8:00 am Secretary of State

| DOCUMENT # F9600000427  |  |                                   |  |   | 05-15-2002 90093 043 ***150.00   |                                |  |
|---|--|-----------------------------------|--|---|--|--------------------------------|--|
| 1. Entity Nar   | SI SATELLITE, I  | TUC.                              |  |   |  |                                |  |
|   |  |                                   | <u>,</u>   |   | 0001   | υυ                             |  |
| ·   | DO NOT WRITE   | IN THIS SP                        | ACE  |   |  |                                |  |
|   | Place of Business View Rd                                | 3. Mailing Address P. O. Box 9    | 90 - 7× D  | 2.+   |  |                                |  |
| Suite, Apt.   |  | Suite, Apt. #, etc.               |  | <del>101.</del>                               | DO NOT WRITE IN THIS SPACE   |                                |  |
| City & Stat   | Projeie, MN  | City & State Minnerpolis          | MV:  | 4.  | FEI Number 43-162-002  | Applied For Not Applicable     |  |
| zip<br>553  | 44 Country   | zip<br>55440                      | Country  | 5.  | Certificate of Status Desired  | 8.75 Additional                |  |
| ***************************************   |  |                                   |  | 7. N:   | ame and Address of Current Registered  |                                |  |
|   | DO NOT WE  |                                   | Name   | CT  | . T Corporation System   |                                |  |
|   | DO NOT WE  | <del>-</del>                      | Street Ad  | t Address (P.O. Box Number is Not Acceptable) |  |                                |  |
| IN THIS SPACE   |  |                                   | 12   | 1200 South Pine Island Road                   |  |                                |  |
|   |  | 4                                 | City P   |   |  |                                |  |
| 8. The above  | named entity submits this statement for t                | he purpose of changing its re     | gistered office or                                     | registered ag                                 | ent, or both, in the State of Florida.   | 3395                           |  |
|   | ,  |                                   |  |   |  |                                |  |
| SIGNATURE .   | Signature, typed or printed name or registered agent and | ritle if applicable. (NOTE: F     | Registered Agent signatur                              | e required when re                            | enstaueg) DATE   |                                |  |
| Tax filing requirement and elects to do so.  After May 1, Amended to  |  |                                   | y 1 Fee is \$150.<br>Fee is \$550.00<br>UBR is \$61.25 |   | Election Campaign Financing     Trust Fund Contribution.   | \$5.00 May Be<br>Added to Fees |  |
| 11.   | OFFICERS AND DI  | Make Check Payable                | to Department  | of State                                      |  |                                |  |
| TITLE   |  |                                   | TITLE \$   |   | The state of the s |                                |  |
| NAME<br>STREET ADDRESS  | Bob C. Pattillo<br>10461 Manchester Ra                   | ag                                | NAME   | !   |  |                                |  |
| CITY-ST-ZIP   | Kirkwood, Mo 631   | 7.5                               | STREET ADORLŠS CITY-ST-ZIP                             |   | w.   | 0.50                           |  |
| TITLE   | V/Daid L. Brehnen  |                                   | TITLE  |   | n  |                                |  |
| name<br>Street address  | 11840 Volley View Rd.                                    |                                   | NAME<br>STREET ADDRESS                                 |   |  | 2                              |  |
| CITY.ST.7IP   | Fla Portore MIN D  | 5344                              | CITY-ST-ZIP  |   | Å  |                                |  |
| TITLE   | V/AT = alterne   |                                   | TITLE:   |   |  |                                |  |
| NAME<br>STREET ADDRESS  | Frank Villey View Rd                                     |                                   | NAME STREET ADDRESS                                    |   |  |                                |  |
| CITY-ST-ZIP   | Eden PRAIRIE, MN 5534                                    | 4                                 | CITY-ST-ZIP  |   | DO NOT WRIT  | Γ <b>Ε</b>                     |  |
| TITLE   | V/5 Toba P. Regodlare                                    |                                   | TITLE  |   | IN THIS SPAC   | F                              |  |
| NAME<br>STREET ADDRESS  | 11540 Valley View Rd                                     |                                   | NAME<br>STREET ADDRESS                                 | •   | 114 11110 01 70  |                                |  |
| CITY - ST - ZIP   | Eden PROIRIE, MNSS                                       | 344                               | CITY-ST-ZIP  |   |  |                                |  |
| TITLE<br>BLANK  | V/D GREADEN HENING.                                      |                                   | TOTALE 1   |   |  |                                |  |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TO ha P. Breedlove  11840 Valley View Rd.  CITY-ST-ZIP  Eden Prairie, MN 55344  TITLE  NAME  11840 Valley View Rd.  CITY-ST-ZIP  TITLE  V/D cresely Heying  STREET ADDRESS  11840 Valley View Rd  CITY-ST-ZIP  Eden Prairie, MN 55344  TITLE  TITLE  V/D cresely Heying  Eden Prairie, MN 55344 |  |                                   | NAME   |   |  |                                |  |
| CITY-ST-ZIP   | Eden PREJRIE, MN 55.                                     | 547                               | CITY-ST-ZIP  |   |  |                                |  |
| TITLE<br>NAME   | ,  |                                   | TITLE  |   |  |                                |  |
| STREET ADDRESS  |  |                                   | NAME § STREET ADDRESS                                  |   |  |                                |  |
| CITY-ST-ZIP   |  |                                   | CITY-ST-ZIP  |   |  |                                |  |
| 13. Thereby c   | erury mat the information supplied with thi              | s tiling does not qualify for the | e exemption stated                                     | f in Section 1                                | 19.07(3)(i). Florida Statutes, Lifurther 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.

| SIGNATURE: Arach O'Kep                               | Frank J. O'Keefe | 4-26-02 | 952) 828-4371   |
|--|------------------|---------|-----------------|
| SIGNATURE AND TYPED OR ARMYPED NAME OF SIGNING OFFIC | ER OR DIRECTOR   | Date:   | Daytina Phong # |