F96000002304



City/State/Zip

Phone #

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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. <u>Con</u>	(Corporation Name) SATELLITE SYSTEMS	
2	(Corporation Name) (Document #)	
3,	(Corporation Name) (Document #)	
4. <u></u>	(Corporation Name) (Document #)	
☐ Walk in ☐ Mail out	Pick up time Certified Copy Will wait Photocopy Certificate of Status	
NEW FILINGS	AMENDMENTS	
Profit	Amendment	7
NonProfit	Resignation of R.A., Officer/ Director	=
Limited Liability	Change of Registered Agent	7
Domestication	Dissolution/With/irawal	111
Other	Мстдет	6
OTHER FILING		
Annual Report	QUALIFICATION	
Fictitious Name	Foreign	
Name Reservation	Limited Partnership	

Reinstatement
Trademark
Other

Examiner's Initials

:US.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Consumer Satellite Systems, Inc. (Name of corporation: must include the word "INCORPORATION", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2.	Tricliana 3. 35-11:05762 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	Fobruary 27, 1981 (Date of Incorporation) 5. Porpotual (Dutation: Year corp. will cease to exist or "perpetual")
б.	May 1, 1996 (Date first transacted business in Florida. (Sen sections 607.1501, 607.1502, AND 817.155, F.S.)
7.	Consumer Satellite Systems, Inc., 9190 Corporation Drive
	Tudiananalia IN 46356
	Indianapolis, IN 46256 (Current mailing address)
	Consumer Satellite Systems, Inc., 9190 Corporation Drive Indianapolis, IN 46256 (Current mailing address) Wholesale sales of Satellite dish equipment (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: Jimmy Soderlund
	Office Address: 41.05 34th Street
	Orlando ,Florida, 32811 (Zip Code)
10	. Registered agent's acceptance: (Zip Code)
He co re al an	aving been named as registered agent and to accept service of process for the above stated reporation at the place designated in this application, I hereby accept the appointment as gistered agent and agree to act in this capacity. I further agree to comply with the provisions of a statutes relative to the proper and complete performance of my duties, and I am familiar with ad accept the obligations of my position as registered agent. (Registered agent's signature) Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other
	official having custody of corporate records in the jurisdiction under the law of which it is

incorporated.

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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)				
A. DIRECTORS (Street address only- P. O . Box NOT acceptable)				
Chairman: C. Michael Schroeder				
Address: 9190 Corporation Drive				
Indianapolis, IN 46256				
Vice Chairman: Jan Schroeder				
Address: 9190 Corporation Drive				
Indianapolis, IN 46256				
Director:				
Address:				
Director:				
Address:				
B. OFFICERS (Street address only- P. O. Box NOT acceptable)				
President: C. Michael Schroeder				
Address: 9190 Corporation Drive				
Indianapolis, IN 46256				
Vice President: Jan Schroeder				
Address: 9190 Corporation Drive				
Indianapolis, IN 46256				
Secretary:				
Address:				
Treasurer:				
Address:				
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors				
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)				
(any officer fisicular file application)				
14. C. Michael Schroeder (Typed or printed name and capacity of person signing application)				

STATE OF INDIANA

OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

CONSUMER SATELLITE SYSTEMS INC

filed Articles of Incorporation on February 27, 1981, and is a corporation duly organized and existing under and by virtue of the laws of the State of Indiana.

I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.

SECRETARY OF STATE DIVISION OF CORPORATIONS



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Nineteenth day of April, 1996.

Sue anne Gilroy, Secretary of State

Deputy