## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 24, 2002 8:00 am § Secretary of State DOCUMENT # F98000003145 1. Entity Name BAF SATELLITE & TECHNOLOGY CORPORATION 05-24-2002 91291 048 \*\*\*150.00 Principal Place of Business Mailing Address 200 S HARBOUR CITY BLVD 200 S HARBOUR CITY BLVD SUITE 201 SUITE 201 MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3397978 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TORPY, RICHARD E ESQ. Street Address (P.O. Box Number is Not Acceptable) 202 N HARBOR CITY BLVD SUITE 300 **MELBOURNE FL 32935** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150,00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be \* After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE X Delete TITLE **PSDC** ☐ Change Addition NAME vautrot, james e NAME Hon. P.J. Murphy STREET ADDRESS 200 SOUTH HARBOUR CITY BLVD STE 201 STREET ADDRESS 200 S. Harbor City Blvd., Ste. CITY-ST-ZIP MELBOURNE FL 32901 CITY-ST-7IP Melbourne, FL 32901 TITLE Delete TITLE Change ☐ Addition NAME COOPER, I WAYNE NAME James E. Vautrot STREET ADDRESS 200 SOUTH HARBOUR CITY BLVD STE 201 STREET ADDRESS 200 S. Harbor City Blvd., Ste. 201 CITY-ST-ZIP MELBOURNE FL 32901 CITY-ST-ZIP Melbourne, FL 32901 🗀 Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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

of the corporation or the

SIGNATURE:

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 cleiver 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 an address, with all other like empowered. 321-729-8200

FILED