

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003883

1. Entity Name

MICRODYNE COMMUNICATIONS TECHNOLOGY INCORPORATED

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90208 001 ***150.00

I. Principal Place of Business Mailing Address
101 OAK ROAD 491 OAK ROAD
OCALA FL 34472 Ocala FL 34472-3005

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



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3500774 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANZA, FRANK C	NAME	
STREET ADDRESS	600 3RD AVE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10016-1901	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPENTA, ROBERT V	NAME	
STREET ADDRESS	600 3RD AVE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10016-1901	CITY-ST-ZIP	
TITLE	S. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMBRIA, CHRISTOPHER C	NAME	
STREET ADDRESS	600 3RD AVE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10016-1901	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, LAWRENCE W	NAME	
STREET ADDRESS	600 3RD AVE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10016-1901	CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, KENNETH R	NAME	
STREET ADDRESS	600 3RD AVE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10016-1901	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Lawrence W. O'Brien 2/22/00 212 697-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)