SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H89872** **(6)**

1. Corporation Name
MR. SATELLITE, INC.

Principal Place of Business
4270 ALOMA AVE., SUITE 188
WINTER PARK FL 32792

Mailing Address
4270 ALOMA AVE., SUITE 188
WINTER PARK FL 32792

3. Date Incorporated or Qualified: **12/13/1985**
3a. Date of Last Report: **07/25/1995**

2. Principal Place of Business
21 5620 E. Col. DR.
Suite, Apt. #, etc.
22 —
City & State
23 ORLANDO, FL.
Zip 24 32807
Country 25 Orange

2a. Mailing Address
26 5620 E. Col. DR.
Suite, Apt. #, etc.
27 —
City & State
28 Orlando, FL.
Zip 29 32807
Country 30 Orange

4. FEI Number: **59-2631817** — Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
MITCHELL, NIRA A.
415 PINAR DR.
ORLANDO FL 32805

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Nira A. Mitchell — Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) — DATE 6/6/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MITCHELL, HAROLD D.	
STREET ADDRESS	415 PINAR DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	☐ DELETE
NAME	MITCHELL, NIRA A.	
STREET ADDRESS	415 PINAR DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	MITCHELL, RUSSELL D.	
STREET ADDRESS	415 PINAR DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	MITCHELL, MYRA JANE	
STREET ADDRESS	415 PINAR DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	MITCHELL, STEVEN A.	
STREET ADDRESS	415 PINAR DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	MITCHELL, DAVID L.	
STREET ADDRESS	415 PINAR DR.	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nira A. Mitchell — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 6/6/96 — Daytime Phone # (407) 384-0556

CR2E034 (3/96)