

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000030833

FILED
Aug 26, 2008
Secretary of State

Entity Name: GULF COAST SATELLITE LLC

Current Principal Place of Business:

3694 DEWBERRY LN.
POB # 709
ST.JAMES CITY, FL 33956 US

New Principal Place of Business:

3694 DEWBERRY LN.
ST.JAMES CITY, FL 33956 US

Current Mailing Address:

3694 DEWBERRY LN. POB
POB # 709
ST.JAMES CITY, FL 33956 US

New Mailing Address:

POB 709
ST. JAMES CITY, FL 33956

FEI Number: 20-8686918 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BOWMAN, DOUGLAS M
3694 DEWBERRY LN.
POB # 709
ST.JAMES CITY, FL 33956 US

Name and Address of New Registered Agent:

BOWMAN, DOUGLAS M
3694 DEWBERRY LN.
ST.JAMES CITY, FL 33956 US

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: DOUGLAS M. BOWMAN

08/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOWMAN, DOUGLAS M
Address: 3694 DEWBERRY LN. POB # 709
City-St-Zip: ST.JAMES CITY, FL 33956 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DOUGLAS M. BOWMAN

MGRM

08/26/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date