

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L18064

1. Entity Name

PROSAT COMMUNICATIONS, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90001 003 ***150.00

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| Principal Place of Business 2400 W 84 ST SUITE 8 HIALEAH FL 33016 US | Mailing Address 2400 W 84 ST SUITE 8 HIALEAH FL 33016-5709 US |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------|--------------|-----------------------------|--|
| City & State | City & State | 4. FEI Number 65-0147767 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent STOCKHAUSEN, ANDREA 14310 SW 14 ST. DAVIE FL 33325 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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. *President*

SIGNATURE *Stockhausen, Andree Stockhausen* DATE *4-24-00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTS STOCKHAUSEN, ANDREA 14310 SW 14 ST DAVIE FL 33325 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Stockhausen* DATE *4/24/00* (305) *828-1958*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)