

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **L25702** (6)  
1. Corporation Name  
**CORPORATE SATELLITE COMMUNICATIONS/FLORIDA, INC.**



Principal Place of Business  
**7007 NW 32ND AVE  
MIAMI FL 33147  
US**

Mailing Address  
**P O BOX 547  
MONTVALE NJ 07645  
US**

DO NOT WRITE IN THIS SPACE

|                                |  |                        |  |   |  |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 10/26/1989  |  |
| 22 City & State                |  | 27 City & State        |  | 4. FEI Number   |  |
| 23 Zip                         |  | 28 Zip                 |  | NOT APPLICABLE  |  |
| 24 Country                     |  | 30 Country             |  | Applied For   |  |
|                                |  |                        |  | <input checked="" type="checkbox"/> Not Applicable  |  |
|                                |  |                        |  | 5. Certificate of Status Desired  |  |
|                                |  |                        |  | <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
|                                |  |                        |  | 6. Election Campaign Financing  |  |
|                                |  |                        |  | <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
|                                |  |                        |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. |  |
|                                |  |                        |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                 |  |

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                   |
|----------------------------|-------------------------------|---|-------------------|
| TITLE                      | PD                            | 1.1 TITLE   |                   |
| NAME                       | SACKERMANN, CHARLES E JR.     | 1.2 NAME  | 110 Summit Avenue |
| STREET ADDRESS             | 110 SUMMIT AVENUE             | 1.3 STREET ADDRESS                                    | Montvale, NJ      |
| CITY-ST-ZIP                | MONTVALE NJ                   | 1.4 CITY-ST-ZIP                                       |                   |
| TITLE                      | VPD                           | 2.1 TITLE   |                   |
| NAME                       | SACKERMANN-TAORMINA, NANCY    | 2.2 NAME  | 110 Summit Avenue |
| STREET ADDRESS             | 110 SUMMIT AVENUE             | 2.3 STREET ADDRESS                                    | Montvale, NJ      |
| CITY-ST-ZIP                | MONTVALE NJ                   | 2.4 CITY-ST-ZIP                                       |                   |
| TITLE                      | VPD                           | 3.1 TITLE   |                   |
| NAME                       | SACKERMANN-MCGOVERN, KATHLEEN | 3.2 NAME  | 110 Summit Avenue |
| STREET ADDRESS             | 110 SUMMIT AVENUE             | 3.3 STREET ADDRESS                                    | Montvale, NJ      |
| CITY-ST-ZIP                | MONTVALE NJ                   | 3.4 CITY-ST-ZIP                                       |                   |
| TITLE                      | ST                            | 4.1 TITLE   |                   |
| NAME                       | SACKERMANN, VERNICE           | 4.2 NAME  | 110 Summit Avenue |
| STREET ADDRESS             | 110 SUMMIT AVENUE             | 4.3 STREET ADDRESS                                    | Montvale, NJ      |
| CITY-ST-ZIP                | MONTVALE NJ                   | 4.4 CITY-ST-ZIP                                       |                   |
| TITLE                      |                               | 5.1 TITLE   |                   |
| NAME                       |                               | 5.2 NAME  |                   |
| STREET ADDRESS             |                               | 5.3 STREET ADDRESS                                    |                   |
| CITY-ST-ZIP                |                               | 5.4 CITY-ST-ZIP                                       |                   |
| TITLE                      |                               | 6.1 TITLE   |                   |
| NAME                       |                               | 6.2 NAME  |                   |
| STREET ADDRESS             |                               | 6.3 STREET ADDRESS                                    |                   |
| CITY-ST-ZIP                |                               | 6.4 CITY-ST-ZIP                                       |                   |

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\*\*\*150.00

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)