FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2004 8:00 am
Secretary of State
03-16-2004 90023 031 ***150.00

DOCUMENT # L25702

1. Entity Name
CORPORATE SATELLITE COMMUNICATIONS/FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

94030470

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7007 NW 32ND AVE	P O BOX 547
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MONTVALE NJ
Zip: 33147 Country: US	Zip: 07645 Country: US

4. FEI Number — Applied For ☐ / Not Applicable ☒

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: THE PRENTICE-HALL CORPORATION SYSTEM, INC.
Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
SUITE 105
City: TALLAHASSEE FL Zip Code: 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Vernice Sackermann Pres. 3/11/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	SACKERMANN, CHARLES E JR.	NAME	
STREET ADDRESS	180 SUMMIT AVENUE	STREET ADDRESS	
CITY - ST - ZIP	MONTVALE NJ	CITY - ST - ZIP	
TITLE	VPD	TITLE	
NAME	SACKERMANN-TAORMINA, NANCY	NAME	
STREET ADDRESS	180 SUMMIT AVENUE	STREET ADDRESS	
CITY - ST - ZIP	MONTVALE NJ	CITY - ST - ZIP	
TITLE	VPD	TITLE	
NAME	SACKERMANN-MCGOVERN, KATHLEEN	NAME	
STREET ADDRESS	180 SUMMIT AVENUE	STREET ADDRESS	
CITY - ST - ZIP	MONTVALE NJ	CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE	ST	TITLE	
NAME	SACKERMANN, VERNICE	NAME	
STREET ADDRESS	180 SUMMIT AVENUE	STREET ADDRESS	
CITY - ST - ZIP	MONTVALE NJ	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Pres. 3/11/04 201-930-0533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1