

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90058 010 ***150.00

DOCUMENT # L25702

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



Principal Place of Business

**7007 NW 32ND AVE
MIAMI, FL 33147 US**

Mailing Address

**180 SUMMIT AVE
MONTVALE, NJ 07645 US**

DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

~~FILE NOW!!! FEES \$150.00~~
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SACKERMANN, CHARLES E JR.
STREET ADDRESS	180 SUMMIT AVE
CITY-ST-ZIP	MONTVALE, NJ
TITLE	VPD
NAME	SACKERMANN-TAORMINA, NANCY
STREET ADDRESS	180 SUMMIT AVE
CITY-ST-ZIP	MONTVALE, NJ
TITLE	VPD
NAME	SACKERMANN-MCGOVERN, KATHLEEN
STREET ADDRESS	180 SUMMIT AVE
CITY-ST-ZIP	MONTVALE, NJ
TITLE	ST
NAME	SACKERMANN, VERNICE
STREET ADDRESS	180 SUMMIT AVE
CITY-ST-ZIP	MONTVALE, NJ
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

930-0533