

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY-STATE-ZIP	PD SACKERMANN, CHARLES E JR... 180 SUMMIT AVE MONTVALE, NJ
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD SACKERMANN-TAORMINA, NANCY 180 SUMMIT AVE MONTVALE, NJ
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD SACKERMANN-MCGOVERN, KATHLEEN 180 SUMMIT AVE MONTVALE, NJ
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST SACKERMANN, VERNICE 180 SUMMIT AVE MONTVALE, NJ
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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04/11/06-80065-006 150.00

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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 reports 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: *Charles E. Sackermann* *Treas.* 3/23/06 201-930-0533