2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L25702

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

Principal Place of Business	Mailing Address
7007 NW 32ND AVE MIAMI, FL 33147 US	180 SUMMIT AVE MONTVALE, NJ 07645 US

01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	

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02/28/07-80045-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kathleen Sackermann McGovern 2/13/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #